



CHILD CARE AND DEVELOPMENT FUND PLAN
FOR MICHIGAN
FFY 2006-2007

This Plan describes the CCDF program to be conducted by the State for the period 10/1/05 – 9/30/07. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

Public reporting burden for this collection of information is estimated to average 165 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(Form ACF 118 Approved OMB Number: 0970-0114 expires 06-30-2008)

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STATE PLAN FOR CCDF SERVICES
FOR THE PERIOD 10/1/05 – 9/30/07

AMENDMENTS LOG
Child Care and Development Services Plan for
For the period: 10/1/05 -- 9/30/07

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

Instructions:

- 1) Lead Agency completes the first 3 columns and sends a photocopy of this Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the Log, showing the latest amendment pending in ACF, is retained in the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

PART 1

ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

1.1 Lead Agency Information (as designated by State chief executive officer)

Name of Lead Agency: *Department of Human Services*

Address of Lead Agency: *235 S. Grand Avenue
P. O. Box 30037
Lansing, MI 48909*

Name and Title of the Lead Agency's Chief Executive Officer: *Marianne Udow, Director*

Phone Number: *(517) 373-2000*

Fax Number: *(517) 335-6106*

E-Mail Address: *udowm@michigan.gov*

Web Address for Lead Agency (if any): *www.michigan.gov/dhs*

1.2 State Child Care (CCDF) Contact Information (day-to-day contact)

Name of the State Child Care Contact (CCDF): *Melody Sievert*
Title of State Child Care Contact: *State Administrative Manager,
Child Development and Care*

Address: *235 S. Grand Avenue
P. O. Box 30037
Lansing, MI 48909*

Phone Number: *(517) 241-0669*

Fax Number: *(517) 241-7570*

E-Mail Address: *sievertm@michigan.gov*

Phone Number for child care subsidy program information (for the public) (if any):

Web Address for child care subsidy program information (for the public) (if any):

www.michigan.gov/daycare

1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2005 through September 30, 2006. (§98.13(a))

CCDF: \$*143.3M*

Federal TANF Transfer to CCDF: \$0

Direct Federal TANF Spending on Child Care: \$*171.11M*

State CCDF Maintenance of Effort Funds: \$*24.4M*

State Matching Funds: \$*39.5M*

Total Funds Available: \$*378.31M*

1.4 Estimated Administration Cost

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$*3.1M* (2 %). (658E(c)(3), §§98.13(a), 98.52)

1.5 Administration of the Program

Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

☐ Yes. Skip questions 1.6 and 1.7. Go to Section 1.8.

☒ No, and the following describes how the Lead Agency maintains overall control when services or activities are provided through other agencies: (658D(b)(1)(A), §98.11)

Child Care Futures training (Michigan Community Coordinated Child Care [4C] Association)

Incentive payments to and training of day care aide and relative care providers (4C Association)

Technical assistance to Regional Community Coordinated Child Care Agencies and child care providers (4C Association)

Accreditation incentives (4C Association)

Provider Enhanced Quality Improvement Program [EQUIP] grants (4C Association)

Child care center, group home and family home start-up grants (4C Association)

Special project grants to regional 4C agencies for focused community specific services (4C Association)

Resource and referral services (regional 4C agencies)

On-Site 4C Child Care Coordinators (regional 4C agencies)

Special needs enhanced referrals (4C Association)

The Department of Human Services (DHS) contracts with the state and regional Community Coordinated Child Care Councils (4C Agencies) and the 4C Association to implement services to improve the quality of and to increase the availability of child care in Michigan. Contract language provides for reimbursement for services and appropriate service delivery according to this plan and CCDF regulations. Overall control is maintained through direct contact and ongoing monitoring of monthly and quarterly reports. These are multi-year sole source contracts.

Teacher Education And Compensation Helps [T.E.A.C.H.] Early Childhood® MICHIGAN (Contractor - Michigan 4C Association) Contract language includes evaluation and reporting components. This is a multi-year sole source contract.

Better Kid Care Satellite Training and Better Kid Care training for low-income adults (Michigan State University Extension) Contract language includes evaluation and reporting components. This is a multi-year contract.

Early Head Start Expansion (Head Start Association) Contract language includes evaluation and reporting components. This is a multi-year contract.

Healthy Child Care Michigan activities (Michigan Department of Community Health)

- *Public health and mental health consultation services*
- *Child Care Expulsion Prevention Project*

Early Childhood Standards of Quality – Infants and Toddlers and the Michigan After School Partnership (Michigan Department of Education)

Interagency agreements with Michigan Department of Education and the Department of Community Health include language that ensures proper administration of the programs in accordance with CCDF requirements. Agreement language includes evaluation and reporting components.

1.6 Determining Eligibility

For child care services funded under §98.50 (e.g., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself: (§98.11)

- Determine individual eligibility of non-TANF families?
☒ Yes.
No. If no, identify the name and type of agency that determines eligibility of non-TANF families for child care:
- Determine individual eligibility of TANF families?
☒ Yes.
No. If no, identify the name and type of agency that determines eligibility of TANF families for child care:
- Assist parents in locating child care?
Yes.
☒ No. If no, identify the name and type of agency that assists parents:

Regional Community Coordinated Child Care Agencies (Child Care Resource and Referral Service under contract with the Lead Agency)
- Make payments to providers and/or parents?
☒ Yes.
No. If no, identify the name and type of agency that makes payments:

1.7 Non-Governmental Entities

Is any entity named in response to section 1.6 a non-governmental entity? (658D(b), §§98.10(a), 98.11(a))

- ☒ Yes, and the following entities named in 1.6 are non-governmental:

Regional Community Coordinated Child Care Agencies

No.

1.8 Use of Private Donated Funds

Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2) and (f)?

Yes, The name and type of entity designated to receive private donated funds is:

Name:

Address:

Contact:

Type:

☒ No.

1.9 Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children

1.9.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

☒ Yes, and:

(☒) The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

(20 %) Estimated % of the MOE requirement that will be met with pre-K expenditures. (It may not exceed 20%)

If the State uses Pre-K expenditures to meet more than 10% of the MOE requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

The Michigan Department of Education requires that applicants for both the competitive funding stream and the state school aid funding stream for our state pre-kindergarten program, the Michigan School Readiness Program (MSRP), conduct a needs assessment to make sure that the pre-kindergarten program aligns with the child care options in the local area. Priority is given in each funding stream to those applicants who propose wraparound child care either within the program or by coordinating with local child care providers. Each year, data is collected on each child who attends MSRP and on his/her eligibility for child care reimbursement if he/she were not enrolled in MSRP. The match level is calculated based on the savings to the child care fund by enrolling eligible children in MSRP in lieu of child care programs that would receive reimbursement for those children.

☐ No.

1.9.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

☒ Yes, and

(20 %) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (It may not exceed 20%)

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

The Michigan Department of Education requires that applicants for both the competitive funding stream and the state school aid funding stream for our state pre-kindergarten program, the Michigan School Readiness Program (MSRP), conduct a needs assessment to make sure that the pre-kindergarten program aligns with the child care options in the local area. Priority is given in each funding stream to those applicants who propose wraparound child care either within the program or by coordinating with local child care providers. Each year, data is collected on each child who attends MSRP and on his/her eligibility for child care reimbursement if he/she were not enrolled in MSRP. The match level is calculated based on the savings to the child care fund by enrolling eligible children in MSRP in lieu of child care programs that would receive reimbursement for those children.

☐ No.

1.9.3 If the State answered yes to 1.9.1 or 1.9.2, the following describes State efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

The Michigan School Readiness Program (MSRP), including competitive and state aid funding streams, provides preschool programs to 25,712 four-year-old children at risk of school failure who do not qualify for services in other state or federally funded programs. MSRP provides a high-quality preschool experience to Michigan children for a minimum of 2 ½ hours per day, 4 days per week, 30 weeks per year. Scientifically based research indicates that children who are provided with the MSRP show significant positive developmental differences when compared to children from the same backgrounds who did not attend a preschool program.

The Pre-K program serves the child development and care needs of children and meets the needs of working parents. The Department of Education provides assurance that at least 50% of the children receiving services meet the income guidelines for federal free and reduced meals.

MSRP, while funding only part-day education and care, gives preference to grantee applicants who assure that the full-day care needs of families will be met. Many programs offer “wrap-around” child care, funded by tuition and subsidy funds. Programs may also refer and/or transport children to other child care providers to meet family preferences. All public school programs provide referrals and/or transportation for wrap-around care (if not on-site care), and many competitive MSRP agencies offer wrap-around care on-site.

1.10 Improper Payments

1.10.1 How does the Lead Agency define improper payments?

Improper CDC payments are all excessive or insufficient payments made to providers, clients and vendors on behalf of the Department of Human Services through intentional or unintentional actions by providers, clients, vendors, department employees or systems errors.

1.10.2 Has your State developed strategies to prevent, measure, identify, reduce and/or collect improper payments? (§98.60(i), §98.65, §98.67)

X Yes, and these strategies are:

- *Established specific accounts to track child care client receivables and payments*
- *Implemented an automated system to recoup overissuances caused by providers:*
 - *Tracks provider overissuance amounts*
 - *Records manual and automated repayments*
 - *Produces provider recoupment notices*
 - *Automatically deducts a percentage of current CDC payments and applies the deducted amount to the provider's overissuance balance*
 - *Produces reports to assist in crediting recouped monies to the proper accounts*
 - *Refers delinquent accounts for tax stop*
- *PINs (personal identification numbers) required for the child care billing process to increase the security of the billing system*
- *Decreased allowable time for providers to bill for CDC payments from 12 months to 90 days*
- *Provider Verification form (DHS-4025) created to provide information about children in care, date care began, where care is provided, relative status, and other reimbursements received. Form is signed by both the provider and parent to establish understanding and acknowledgement of child care information.*
- *CDC Fraud Workgroup established to identify and prioritize areas of concern*
- *Communications campaign on client and provider fraud executed*
- *Reports for field staff produced*
 - *CH-420 CDC Aides/Relative High Usage Red Flag Report – Reports non-regulated providers who billed for high numbers of children to help determine if they are complying with enrollment requirements*
 - *CH-080 CDC Billing Red Flag Report – Reports provider billing information that may help identify potential client/provider fraud situations*
- *Office of Inspector General (OIG)*
 - *Two OIG Agents legislatively dedicated to work on CDC fraud full time*
 - *Use of Reverse Wage Match Report – Matches high dollar child care payments for an employment need with low quarterly employee earnings reports to help screen for potentially fraudulent CDC cases*
 - *Penalties for child care provider fraud that include recoupment of up to 20% from future payments, civil or criminal prosecution, fines and/or imprisonment*

- *DHS Publications and forms inform clients/providers about prosecution for fraud*
 - *DHS Pub.-230, Provider Handbook and Reporting Instructions for Child Care Providers*
 - *DHS Pub.-798, Michigan Care for Today's Child*
 - *DHS-198, Child Development and Care Certificate/Notice of Authorization*
 - *DHS-220, Day Care Aide/Relative Care Provider Application*
 - *DHS-242, Child Development and Care Application for Internet Billing Password*
 - *DHS-805, Child Development and Care Billing/Reporting Record*
 - *DHS-4025, Child Development and Care Provider Verification*
 - *DHS-4583, Child Development and Care (CDC) Application*
 - *DHS-4690, Child Development and Care Client Certificate/Notice*
 - *DHS-1171, Assistance Application*

- ☐ No. If no, are there plans underway to determine and implement such strategies?
☐ Yes.
☐ No.

1.10.3 Has your State developed strategies to identify errors in the determination of client eligibility?

X Yes, and these strategies are:

CDC case reading form developed (DHS-4719) for use by field staff.

- ☐ No. If no, are there plans underway to determine and implement such strategies?
☐ Yes.
☐ No.

PART 2 DEVELOPING THE CHILD CARE PROGRAM

2.1 Consultation and Coordination

- 2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)). Indicate the entities with which the Lead Agency has consulted or coordinated (as defined below), by checking the appropriate box(es) in the following table.

Consultation involves the participation of an appropriate agency in the development of the State Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).

Coordination involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). At a minimum, Lead Agencies must coordinate with (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health), (3) employment services / workforce development, (4) public education, and (5) Temporary Assistance for Needy Families (TANF), and (5) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

	Consultation	Coordination
• Representatives of local government	X *	X
• Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	X	X
• Other Federal, State, local, Tribal (if applicable), and private agencies providing child care and early childhood development services.	<input type="checkbox"/>	X *
• State/Tribal agency (agencies) responsible for		
○ Public health	<input type="checkbox"/>	X *
○ Employment services / workforce development	<input type="checkbox"/>	X *
○ Public education	X	X *
○ TANF	<input type="checkbox"/>	X *
○ State pre-kindergarten programs	X	X
○ Head Start programs	X	X
○ Programs that promote inclusion for children with special needs	<input type="checkbox"/>	X
• Other (See guidance):	<input type="checkbox"/>	X

* Required.

For each box checked above, (a) identify the agency providing the service and (b) describe the consultation and coordination efforts, if any. Descriptions must be provided for any consultation or coordination required by statute or regulation.

Representatives of local government (Consultation, Coordination):

DHS participates in the Michigan Child Care Task Force (MCCTF) sponsored by bi-partisan legislative representatives. MCCTF provides a statewide monthly forum to learn about and develop strategies for improving early education and care in Michigan. Participating members include:

- *Child care providers and parents*
- *Michigan Department of Education, Early Childhood Education and Family Services*
- *Office of Children and Adult Licensing*
- *Head Start*
- *Telemon (Migrant Head Start)*
- *Legislators*
- *Child advocacy agencies – Michigan's Children, Michigan Association for the Education of Young Children, Fight Crime Invest in Kids, Michigan League for Human Services*
- *Community Coordinated Child Care (4C) Association and regional agencies*
- *Local/intermediate school district personnel, community college early childhood coordinators*
- *School-age Child Care Alliance*
- *Michigan State University Cooperative Extension, Lifelong Learning*
- *League of Women Voters*
- *Community Mental Health*
- *Early Learning Michigan (Joyce Foundation)*
- *United Way*
- *Community college coordinators (ACCESS)*

A public hearing was held to solicit input from all interested parties (including representatives from other state agencies, tribal organizations, advocacy communities, parents, providers, and local government). This public hearing was advertised statewide. Copies of the plan were made available to advocacy groups and the general public on the Internet.

DHS is the lead agency in establishing Family Resource Centers in elementary and middle schools in Michigan. Each center pools the community resources of local agencies so families with children in the schools can more efficiently access human services that lead them toward stability. DHS staff and those from affiliated agencies act as a central coordination point for services, i.e. income support, child care, health care, mental health, substance abuse and housing assistance. Expected outcomes are increased academic performance, increased parental participation,

decreased absenteeism, decreased truancy, and decreased student school behavior problems.

Indian Tribes (Consultation, Coordination):

Copies of the proposed State Plan were made available to the tribal community to solicit input. On request, we provide information about the market rate survey, needs assessment, CCDF State Plan, and other forms and publications.

The Head Start State Collaboration Office collaborates with tribal Head Start programs. This office facilitates the sharing of information between DHS offices and tribal Head Start programs. Native Americans are represented on the Head Start State Collaboration Program Advisory Committee.

Other Federal, State, local, Tribal and private agencies providing child care and early childhood development services (Coordination):

4C regional agencies – Resource and referral services, provision of On-Site Child Care Coordinators, and provision of child care training to provide child care information, coordination, and out reach for DHS clients and providers.

DHS partners, including the Child Development and Care program office, Head Start State Collaboration Office, Office of Migrant Affairs, Office of Children and Adult Licensing and Bureau of Community Action and Economic Opportunity are participants of the Interagency Migrant Services Committee (IMSC), Migrant Child Taskforce. Other partners include Michigan Migrant Education, the 4C Association, Michigan State University, and Telemon Corporation directors and parent representatives (Migrant and Seasonal Head Start programs). The taskforce consults and collaborates on specific issues to improve the quality of child care for children in migrant camps.

State agencies:

Public Health (Coordination)

Department of Community Health (DCH) – Coordinate, through an inter-agency agreement, for public health consultation services and mental health consultation services (Child Care Expulsion Prevention) to regulated and enrolled/informal child care providers serving children 0-5 (with a special emphasis on children ages 0-3) in designated areas of Michigan. Informal providers receive priority for services.

Employment services/workforce development (Coordination)

Department of Labor and Economic Growth (DLEG) - Coordinate with the Michigan Works! Agencies, Work First Programs designed to establish and maintain a connection to the labor market for TANF recipients and recipients of

non-cash child day care assistance. Participants are placed into employment and occupationally relevant education and training programs.

Public education (Consultation, Coordination)

Michigan Department of Education (MDE) – Coordinate through interagency agreements for the Early Childhood Standards of Quality - Infants and Toddlers, and for the Michigan After School Partnership to engage the public and private sectors in building and sustaining high quality out-of-school programs and resources. Direct consultation with MDE, Office of Early Childhood Education and Family Services on Michigan early childhood programs.

TANF (Coordination)

TANF funds used to:

- support the CDC subsidy program*
- provide Direct Support Services to help CDC clients achieve self-sufficiency*
 - Employment Support Services (i.e. transportation, special clothing, tools, vehicle purchases and vehicle repair)*
 - Family Support Services (i.e. classes and seminars, counseling services and commodities)*
- provide consumer education about the CDC subsidy program and parental provider choices*
 - DHS-250, Powerpoint “Orientation”*
 - DHS-810, DHS Folder containing 4 Steps to Choosing Quality Child Care (DHS Pub.836) and Michigan Cares For Today’s Child (DHS Pub. 798)*

State pre-kindergarten programs (Consultation, Coordination)

Department of Education, Office of Early Childhood Education and Family Services – Coordinate with the Michigan School Readiness Program (MSRP), statewide preschool programs to 25,712 four-year-old children who are at risk of school failure and who are not served by other state or federally funded programs. This high-quality preschool experience results in significant positive developmental differences when compared to children from the same backgrounds who did not attend a preschool program. Direct consultation with MDE, Office of Early Childhood Education and Family Services on reference of MSRP in State Plan.

Head Start programs (Consultation, Coordination)

Head Start State Collaboration Program –

- Coordination and collaboration with thirty-seven Head Start Agencies that operate Regular Head Start and Early Head Start programs statewide*
- Support and participation in conferences*
 - Michigan Early Childhood Collaborative Conference*
 - Michigan Association for Infant Mental Health Conference*
 - Michigan Head Start Early Education Training Conference*

- *Children’s Trust Fund, Supporting Families with Young Children Conference*
- *Michigan Oral Health Conference*
- *Regional Child Care/Head Start training*
- *Managed Care – Keep Head Start Agencies informed on DHS and DCH changes in Medicaid policy*
- *Community Education and Collaboration - Information dissemination to Head Start Agencies, the early childhood communities and child care providers*
- *Family Literacy Partnership – Collaboration with the Michigan Library to promote “Michigan Reads!” in all Head Start programs. This promotes successful reading and literacy skills for preschool children, promotes families reading together, and encourages regular visits to the local library. Collaboration with the National Center for Family Literacy Project to sponsor a Phase II regional training of all Head Start Programs*

Programs that promote inclusion for children with special needs (Coordination)

DHS, including the Head Start State Collaboration Program and Early On®, serves on the State Interagency Coordinating Committee (SICC) and its many subcommittees. SICC is responsible for overseeing the terms of the Interagency Agreement to enhance services to children with disabilities.

Other (Coordination):

Child and Adult Care Food Program (Food and Nutrition Service, Department of Agriculture) – provides reimbursement for meals and snacks meeting Child and Adult Care Food Program requirements served to enrolled children 0-12 years old, migrant children 0-15 years old, and all handicapped children regardless of age in licensed child care centers, group homes and registered family homes

Department of Treasury – electronic funds transfers and payments

Department of Management and Budget – interactive voice response and Internet reporting systems

E-Michigan – electronic posting of information about child care

Michigan State University Extension, Better Kid Care – contract for satellite training and child care training for low-income adults in designated communities to promote an increase in provider knowledge, provider skills and quality of care provided.

ZERO TO THREE – Participation in the National Infant and Toddler Child Care Initiative, a project of the Child Care Bureau, Administration for Children and Families, Department of Health and Human Services, resulting in technical

assistance and consultation to improve the infant and toddler child care system in Michigan.

- 2.1.2 State Plan for Early Childhood Program Coordination. *Good Start, Grow Smart* encourages States to develop a plan for coordination across early childhood programs. Indicate which of the following best describes the current status of the State's efforts in this area.

- ☐ **Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- ☒ **Developing.** A plan is being drafted.
- ☐ **Developed.** A plan has been written but has not yet been implemented. The plan is included as Attachment ____
- ☐ **Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment ____
- ☐ **Other (describe):**

Describe the progress made by the State planning for coordination across early childhood programs since the date of submission of the 2004-2005 State Plan.

Indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

Michigan has engaged in a large collaborative process to develop a comprehensive systemic plan for early childhood. The vision of Michigan's Early Childhood Comprehensive System (ECCS) is "A Great Start for every child in Michigan: safe, healthy and eager to succeed in school and in life." The mission of Great Start is to assure a coordinated system of community resources and support to assist all Michigan families in providing a great start for their children from birth through age five. The nine governing values of ECCS state that this system shall be accessible (user friendly and affordable), family-guided, sensitive and responsive, community-based, collaborative, non-partisan, of high quality (with measurable results), sound (with a long-term financial base), and publicly and privately supported.

An Early Childhood Investment Corporation (ECIC), a public-private, state-local structure, is being developed as a result of the system's work. The ECIC will have an independent Board of Directors, governed by a 15-member Executive Committee appointed by the Governor. Leadership in the development of the ECIC is assigned to the Children's Action Network (CAN), which includes all agencies required to be part of Good Start, Grow Smart as well as the steering committee of the system's ECCS. The ECIC is being formed through a partnership with DHS and the Intermediate School Districts. By Fall 2005, five to seven Intermediate School Districts will partner

with DHS. The ECIC will be a non-profit corporation housed within DHS, operating within the public and private sectors simultaneously. The goals of the ECIC are to:

- provide a focal point in state government for the development and leadership of Michigan's Great Start system,*
- serve as a clearinghouse of information, resources and technical assistance for early childhood system building efforts, and*
- partner with and support local communities through Great Start Collaboratives.*

Describe the **results** or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

A set of consensus results was prepared by the Early Childhood Core Team (ECCT) of the ECCS project. These consensus results were developed with the participation of 54 counties and nine early childhood organizations. The expected results are:

- Infants and young children are physically healthy.*
- Families of infants and young children are physically healthy.*
- Infants and young children are socially and emotionally healthy.*
- Families of infants and young children are socially and emotionally healthy.*
- The basic needs of infants and young children are met.*
- Families of infants and young children are economically stable.*
- Infants and young children are safe.*
- Families support and guide the early learning of their infants and young children.*
- Families of infants and young children have access to high quality early care and education.*
- Children are ready to succeed in school and in life.*
- Communities make infants and young children a priority by investing in families.*

Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

The immediate, overall strategy of ECCS is to invite "ready" communities to participate in a learning partnership to advance Michigan's community-based system for young children and their families. The immediate steps are to design and use a communication mechanism, to leverage public funding with private funding to create a pool of dollars for communities to advance their systems, and to design the policy and procedure for directing these funds to communities.

The shorter and longer-term strategies for each component of the system are:

- Infrastructure
Action Teams to advance the work of communities and work on issues like financing; alignment of early childhood initiatives; cross-agency policy making;*

monitor results and increase accountability for their achievement; strengthen the role of parents in improving the system; partner with broader efforts like the Ready to Succeed Partnership to roll out a strategic communication campaign, promoting the importance of early childhood and school readiness

- *Physical Health*
Universal health insurance coverage; medical homes (physician relationships) for all children; Michigan Care Improvement Registry allowing primary care providers access to information for the children they serve; supports and services for all pregnant women
- *Social-Emotional Health*
Statewide screening for social-emotional health of infants and young children, including screening for depression for all children, women during the prenatal and perinatal period, and family members; research-based services and supports that promote the social-emotional health of infants and young children and their parents
- *Family Support*
Family-centered, strength-based approach; a comprehensive family resource center in every community; knowledge and use of natural community resources; parent-to-parent mentoring
- *Basic Needs, Economic Stability and Safety*
Increase level of support for family economic programs, including Child Development and Care (CDC); support full implementation of Governor's Policy Academy on Homeless Families and Children recommendations; maximum use of federal Earned Income Tax Credit; safety net dialogue; removal of barriers to self-sufficiency; conflict resolution curriculum; permanency
- *Parenting Education*
Parenting education, including health-related information, in a variety of settings; requirement for one semester of human development, including early development and parenting as part of standard health education curricula
- *Early Education and Child Care*
Child care for all individuals in adult and alternative education programs; increased reimbursement and financial incentives; research-based programs and home visiting; universal access to preschool beginning with three-years olds most at-risk

2.2 Public Hearing Process

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c))
At a minimum, the description must provide:

Date(s) of statewide notice of public hearing: *May 12, 2005*

Manner of notifying the public about the statewide hearing:

Newspaper advertisements, Internet (web page, list serves)

Date(s) of public hearing(s): *June 1, 2005*

Hearing site(s): *State Library of Michigan*

How the content of the plan was made available to the public in advance of the public hearing(s): *Newspaper advertisements, Internet (web page, list serves)*

A brief summary of the public comments from this process is included as Attachment [A](#).

2.3 Public-Private Partnerships

Describe (1) the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs, and (2) the results or expected results of these activities. (658D(b)(1), §98.16(d))

DHS contracts with 15 regional 4C agencies to provide information to the general public on child care issues such as the availability of child care services, quality child care, financial assistance, statewide child care data, and the DHS Child Development and Care Program. A total of 50,308 referrals were made in FY 2004. The contract also provides for 68.5 4C On-Site Child Care Coordinators to assist in local DHS offices.

DHS is a leader in the exploration and development of a state Early Childhood Comprehensive System. Numerous efforts are in place to bring together leaders from state and local governments, corporate and small business, faith community, law enforcement, educators, parents, providers and experts in early childhood development to ensure that all Michigan children enter kindergarten ready to succeed in school and in life.

The Head Start State Collaboration Office is located within the Department of Human Services. This office is responsible for coordination of child care services with early childhood education efforts: Head Start and the Michigan School Readiness Program. The office also focuses on collaboration in the areas of health care, child care, children with disabilities, welfare, homelessness, family literacy and national service.

The Head Start State Collaboration Office collaborates with tribal Head Start and Migrant Head Start. Native Americans, Migrant Head Start, the Director of Migrant Services, and the Director of Native American Affairs are represented on the advisory committee for this office. This office also facilitates the sharing of information between DHS offices and the Head Start, Michigan School Readiness, tribal Head Start, and Migrant Head Start programs.

The Head Start State Collaboration Office is a member of the Head Start State Collaboration Program Advisory Committee composed of members representing various government departments, agencies, Head Start directors, staff and parents, Community Action Agency directors, and the early child care community. The advisory committee meets twice a year.

Early childhood education programs are coordinated with the Department of Education's Early Childhood Education and Family Services office, which operates the Michigan School Readiness Program, 21st Century Community Learning Center grants, Early On® (Part C), preschool Special Education and Parenting and Family Services.

DHS administers, through contract, the T.E.A.C.H. (Teacher Education And Compensation Helps) Early Childhood® MICHIGAN Program which provides a sequential professional development path for teachers, program directors, and regulated child care providers currently in the early childhood education and care field. A total of 3,227 scholarships have been awarded to providers in 80 Michigan counties. Over 24,700 credits have been purchased from participating colleges/universities. Collaborative partnerships are facilitated among scholarship recipients, participating colleges and universities, the statewide Michigan Early Childhood Professional Development Consortium, child care programs, Head Start/Telemon, child day care licensing and DHS.

DHS contracts with the statewide 4C Association for:

- *Development and implementation of comprehensive professional development training to child care providers*
 - *This program, entitled Michigan Child Care Futures Project, is designed to increase and retain the supply of quality child care services for children in families and communities.*
 - *The training is publicized, made accessible and delivered through the statewide network of community coordinated child care (4C) agencies.*
 - *A variety of provider training programs are offered (Basic, Advanced, Administrators, Special Needs, and Mini Series) for all provider types, new and existing, and parents of young children.*
 - *It is expected that 7,662 providers will be trained in FY 2005.*
- *Development and implementation of facility start-up and enhancement grants*
 - *Enhanced Quality Improvement Program (EQUIP) grants for regulated child care providers targeted to improve the quality and increase the capacity of child care for low-income families. Special focus areas include: increasing spaces for infant/toddler care, care for children with special needs, 24-hour and weekend care, improved health and safety of children in care and increased parent/provider communication. Four hundred and twenty (420) providers are expected to receive EQUIP grants.*
 - *Start-up grants awarded to providers starting new child care facilities (centers, family or group homes) that plan to provide care for low-income children. One hundred fifty (150) providers are expected to receive Start-up grants.*
- *Incentive payments of \$150 for up to 1,000 day care aides and relative care providers completing 16 hours of documented child care training.*
- *Accreditation scholarships/credential incentives for 86 regulated child care providers.*

In January 2005, the Joyce Foundation awarded a two-year grant to the Council of Michigan Foundations, in conjunction with a partnership of early childhood advocates and experts. The partners will work collaboratively to increase access to high quality preschool experiences for all three- and-four-year old children whose parents want them to participate. The project goals include:

- *Ensuring that all three- and four-year-old children in Michigan have access to high quality preschool programs, beginning with low-income children and those most at-risk of school failure.*
- *Ensuring that preschool programs meet professional standards, are staffed by well-prepared professionals and are located in a range of public and private settings.*
- *Building the public will for policies and investment necessary to expand access to high quality preschool programs.*

The project partners will provide research and technical assistance to inform statewide public and private early childhood planning and implementation efforts, as well as public education, advocacy and community mobilization necessary to expand quality preschool programs for three and four year olds. The Joyce Foundation awarded this grant with the understanding that Michigan would use the funds to leverage additional private dollars from local and national sources. The funded partners include:

- *Michigan Association for the Education of Young Children*
- *Michigan 4C Association*
- *Michigan's Children*
- *Michigan Head Start Association*
- *Michigan Ready to Succeed Partnership*
- *Fight Crime: Invest in Kids Michigan*
- *Michigan League for Human Services*

PART 3
CHILD CARE SERVICES OFFERED

3.1 Description of Child Care Services

3.1.1 Certificate Payment System

Describe the overall child care certificate process, including, at a minimum:

(1) a description of the form of the certificate (98.16(k));

Child Development and Care (CDC) certificates are used to provide notice to both the client and child care provider that child care services have been authorized for individual children. The client receives a Client Certificate/Notice (DHS-4690, Attachment B). The provider receives a Certificate/Notice of Authorization (DHS-198, Attachment C). (Both forms are available in Spanish.) The certificates/notices are sent when eligibility has been determined and payment has been authorized, or when there is a change in the authorization or the authorization is terminated. Both forms list the child's name, authorized pay period begin and end dates, authorized biweekly maximum number of hours, and the Department pay percent. In most instances, the certificates/notices are computer-generated when payments are authorized or changed.

Initial payments are authorized when information on the application and minimum verifications show the client to be eligible and show an eligible provider. Any remaining required verifications and eligibility criteria must be met for ongoing payments.

(2) a description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), 98.2, 98.30(c)(4) & (e)(1) & (2))

The Child Development and Care Client Certificate/Notice is issued after payment for care is authorized. Parents are not limited to a Department list of providers. They are allowed to choose from all eligible provider types and care settings. Child care providers must meet eligibility criteria for payment; however, parents may select relative care providers or day care aide (in-home) providers and request they be enrolled by DHS as informal providers, or they may select regulated providers currently licensed or registered by the State of Michigan.

Clients who request assistance in finding licensed or registered providers are referred to the 4C agency serving their county or the local 4C On-Site Child Care Coordinator.

(3) if the Lead Agency is also providing child care services through grants and contracts, estimate the mix of §98.50 services available through certificates versus

grants/contracts, and explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (98.30(a) & (b)) This may be expressed in terms of dollars, number of slots, or percentages of services.

Not applicable

- 3.1.2 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

☐ Yes, and the following describes the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

☒ No

- 3.1.3 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

☒ Yes, and the limits and the reasons for those limits are: (§§98.16(g)(2), 98.30(e)(1)(iv))

Limited only by enrollment criteria and ratios. See Attachment D listing requirements (DHS 220, pages 2 and 3).

☐ No

- 3.1.4 Are all of the child care services described in 3.1.1 above (including certificates) offered throughout the State? (658E(a), §98.16(g)(3))

☒ Yes

☐ No, and the following are the localities (political subdivisions) and the services that are not offered:

3.2 Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

These rates are provided as Attachment E.

The attached payment rates were effective as of *8/18/96 (infant/toddler care in centers, family and group homes), 1/12/97 (day care aides) and 12/29/02 (relative care providers).*

With the support of the Michigan Legislature, an infant/toddler incentive was approved to bring day care centers, family and group homes caring for children under age 2 ½ up to 75% of the April 1999, market rate survey. In addition, 25 cents per hour was awarded to relative

care providers and day care aides caring for children under the age of 2 ½ if they received at least 16 hours of child care training. The Legislature stipulated that these incentive payments were not to increase base funding, but were initially approved for Fiscal Year 2001. The Legislature has extended the infant/toddler incentive payments through FY 2005, with the possibility of extension through FY 2006. Attachment F shows per hour infant/toddler incentive payments made to providers caring for DHS-funded children under 2 ½ years old, effective 10/08/00.

The following is a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- The month and year when the local market rate survey(s) was completed: *April 2005* (§98.43(b)(2))
- A copy of the Market Rate Survey instrument and a summary of the results of the survey are provided as Attachment *G-1 and G-2*.
- How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))
- Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access include: (§98.43(d))

The payment rates, plus incentive payments, for infant/toddler care in day care centers, family and group homes are set at the 75th percentile of the local market rate, as established by the market rate survey conducted in FY 1999. Incentive rates were effective 10/08/00.

Current caseload statistics show that 41% of the total cases served by the Child Development and Care Program are using regulated care, while 59% are choosing care by relatives and in-home aides. This indicates that parents have access to all types of care settings.

DHS defines “affordable child care” as child day care services provided at the rate of payment or reimbursement by the Department of Human Services.

The Michigan Legislature appropriates federal and state money for the child care program in Michigan and establishes day care rates. Day care rates are based primarily on the level of state and federal funding available. Statewide budget constraints have not allowed for an increase in provider rates.

- If the payment rates do not reflect individual rates for the full range of providers -- center-based, group home, family and in-home care -- explain how the choice of the full range of providers is made available to parents.
Payment rates reflect the full range of providers.

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- At what percentile of the current Market Rate Survey is the State rate ceiling set? If it varies across categories of care, please describe.

CURRENT RATES AS PERCENTILE OF MARKET RATES

	AREA I		AREA II		AREA III		AREA IV		AREA V		AREA VI	
	< 2 1/2	>= 2 1/2	< 2 1/2	>= 2 1/2	< 2 1/2	>= 2 1/2	< 2 1/2	>= 2 1/2	< 2 1/2	>= 2 1/2	< 2 1/2	>= 2 1/2
Centers	35%	0%	64%	38%	43%	11%	59%	13%	36%	2%	16%	0%
Family Homes	33%	40%	32%	35%	26%	24%	20%	22%	42%	3%	63%	22%
Group Homes	38%	26%	57%	55%	43%	39%	30%	36%	52%	13%	56%	35%
Aides	20%	19%	13%	10%	3%	12%	7%	14%	16%	12%	31%	38%
Relatives	11%	14%	20%	24%	6%	21%	2%	4%	41%	25%	1%	21%

Does the State have a tiered reimbursement system (higher rates for child care centers and family child care homes that achieve one or more levels of quality beyond basic licensing requirements)?

☐ Yes. If yes, describe:
☒ No

3.3 Eligibility Criteria for Child Care

- 3.3.1 Complete column (a) and (b) in the matrix below. Complete Column (c) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI).

			IF APPLICABLE	
Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) Income Level, lower than 85% SMI, if used to limit eligibility	
			(d) \$/month	(e) % of SMI [Divide (d) by (a), multiply by 100]
1	2,973	2,527	1,607	54%
2	3,887	3,304	1,607	41%
3	4,802	4,082	1,990	41%
4	5,717	4,859	2,367	41%
5	6,632	5,637	2,746	41%

If the Lead Agency does not use the SMI from the most current year, indicate the year used: 2006

If applicable, the date on which the eligibility limits detailed in column (b) became or will become effective: 10-06-91 (revised 2-01-03)

- 3.3.2 How does the Lead Agency define “income” for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental

Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the household excluded? Please describe and/or include information as *Attachment ____*. (§§98.16(g)(5), 98.20(b))

The income of all program group members is included.

Income means benefits or payments measured in money:

- *Earned Income means income received from another person or organization or from self-employment for duties that were performed for remuneration or profit.*
- *Unearned Income means all income that is not earned income.*

Generally, all income received is counted, except that which is specifically excluded, i.e. students' earnings.

- 3.3.3 Has the Lead Agency established additional eligibility conditions or priority rules, for example, income limits that vary in different parts of the State, special eligibility for families receiving TANF, or eligibility that differs for families that include a child with special needs? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

☒ Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)

☐ No

Cash assistance and SSI recipients, licensed foster parents, prevention and children's protective services families are categorically eligible (without an income determination). Eligibility for all other families is based on gross monthly income.

As a condition of eligibility, income eligible applicants are responsible for pursuing other benefits for which they may be eligible such as child support and Unemployment Compensation Benefits.

Children needing child care must be either U.S. citizens or have an acceptable alien status. (See Attachment H.)

The need for child care services must be verified and exists only when each parent/substitute parent is unavailable to provide the child care because of one or more of the following need reasons:

- *Family Preservation , and/or*
- *High School Completion, and /or*
- *DHS/Michigan Works! Agency (MWA) approved education or training activity, and/or*
- *Employment*

- 3.3.4 Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☒ Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)

Families with open protective services cases are categorically eligible (without an income determination). CDC payments may only be made for child care services needed for family preservation and only if it is required by a protective services case plan.

☐

No

☐

Not applicable. CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.

- 3.3.5 Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

☒ Yes, and the upper age is 17 (or 18 for a full-time high school student expected to graduate before age 19).

☐

No

- 3.3.6 Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

☒ Yes, and the upper age is 17 (or 18 for a full-time high school student expected to graduate before age 19).

☐

No

- 3.3.7 Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

☐

Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)

☒

No

- 3.3.8 Does the State choose to provide respite child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

☐

Yes

☒

No

3.4 Priorities for Serving Children and Families

- 3.4.1 Describe how the State prioritizes service for the following CCDF-eligible children: (a) children with special needs, (b) children in families with very low incomes, and (c) other. Terms must be defined in Appendix 2. (658E(c)(3)(B))

The Child Development and Care Program currently serves all eligible applicants. See Attachment I, Child Development and Care Eligibility Chart. Determination of eligibility, based on demonstrated need, must be made in descending order by eligibility group.

- 3.4.2 Describe how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

The Michigan Legislature establishes rules for child day care services. The goal of the Child Development and Care Program is to preserve the family unit and to promote its economic independence and self-sufficiency. Currently, all eligible applicants are served, including all TANF recipients and families transitioning off TANF. Transitional CDC benefits extend for six pay periods following the last month of receipt of TANF benefits, with the customer moving to income eligibility following transitional CDC. All TANF recipients are eligible for transitional CDC benefits, and the vast majority is eligible for child care services under the income eligibility criteria, which extend to approximately 151% of the federal poverty level.

- 3.4.3 Does the Lead Agency maintain a waiting list?
- ☐ Yes. If yes, for what populations? Is the waiting list maintained at the State level? Are certain populations given priority for services, and if so, which populations? What methods are employed to keep the list current?
- ☒ No. If no, does the Lead Agency serve all eligible families that apply?
- ☒ Yes
- ☐ No

Are there other ways that the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies? If so, describe.

3.5 Sliding Fee Scale for Child Care Services

- 3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this

sliding fee scale for child care services and an explanation of how it works is provided as Attachment *J*.

The attached fee scale was or will be effective as of *10-06-91 (revised 2-01-03)*.

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

☐ Yes, and the following describes any additional factors that will be used:

X No

3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))

X Yes

☐ No, and other scale(s) and their effective date(s) are provided as Attachment ____.

3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$_____.

The Lead Agency must elect ONE of these options:

☐ ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

☐ ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

X SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The following describes these families:

Family Independence Program (FIP) Related – the child needing care or the parent/substitute parent of the child needing care:

- Is receiving FIP or SSI benefits or received FIP within the last 6 CDC biweekly pay periods and needs child care for any of the need reasons.*
- Is applying for FIP and needs child care for an approved training activity.*

Protective and Preventive Services – the child needing care is a member of a family who has an active preventive or protective services case and needs child care for family preservation.

Foster Care – the child needing care has an active DHS foster care case and needs child care for any of the need reasons.

(See Attachment I for valid need reasons.)

3.5.4 Does the Lead Agency have a policy that prohibits a child care provider from

charging families any unsubsidized portion of the provider's normal fees (in addition to the contributions discussed in 3.5.1)? (§98.43(b)(3))

☐ Yes. Please describe:

X No.

3.5.5 The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

Attachment J shows Michigan's current sliding fee scale. The income eligibility scale, as required by regulation, provides for cost sharing by families that receive CCDF services. The scale is based on income and the size of the family. The sliding fee scale currently provides services to families up to approximately 151% of the federal poverty guidelines. The majority of CDC families pay less than 10% of their income toward child care expenses.

PART 4 PROCESSES WITH PARENTS

4.1 Application Process / Parental Choice

4.1.1 The following describes the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). If the process varies for families based on eligibility category, for instance, TANF versus non-TANF, please describe. The description should include:

- How parents are informed of the availability of child care services and about child care options
- Where/how applications are made
- Who makes the eligibility determination
- How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4
- Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs
- Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies

Parents are informed of the Child Development and Care Program and child care options through the outreach efforts of the local 4C agencies and the 4C Association, Head Start, Michigan State University Extension, Michigan School Readiness Program, and the local DHS county offices. DHS publications provide information about child care services and child care options, and are available to parents upon request. Services are available in all 83 of Michigan's counties. Parents can also find information about child care services and child care options on the DHS public web-site at www.michigan.gov/daycare.

The Child Development and Care (CDC) Application (DHS-4583) is available on the web (in English and in Spanish) and may be obtained at local/district DHS offices. It is also available at Michigan Works! Agency offices which operate the Work First (TANF) employment and training programs. Applicants may also use the Assistance Application (DHS-1171) to apply for child care services. Applications for child care services are made on Department forms and are submitted to local/district DHS offices for processing.

The applicant is the primary source for obtaining information on the application. The applicant may need to be seen in person prior to the application being approved by the DHS local office. Verification of information is required.

If the applicant is incapacitated or there is an emergency, an authorized representative designated by the applicant may sign the application. An applicant who

is unable to write may sign with an “X” witnessed by one other person who is able to sign the application.

Local Family Independence Specialists determine eligibility for child care services and authorize payment. Redeterminations are conducted every twelve months.

Parents receiving TANF benefits are informed about the exception to individual penalties:

- At initial interview*
- In print on the Personal Responsibility Plan and Family Contract, Part 1 (DHS-4783A)*
- At orientation through presentation and in writing, DHS Pub. 250, Power-point “Orientation.”*
- Through exemption policy contained in Program Eligibility Manual (PEM) 704, CDC Providers: Work Exemption Due to Child Care, and PEM 230A, Employment Related Activities: FIP/RAP CASH.*

The following steps have been taken to reduce barriers to initial and continuing eligibility for child care subsidies:

- A toll-free number is available for resource and referral.*
- On-Site Child Care Coordinators in the local DHS offices provide resource and referral services and provider support and recruitment.*
- Only minimum verifications are required before authorizing initial payments.*
- Redeterminations are required once in a 12-month period.*
- Up-to-date publications are available in English and Spanish.*
- Michigan Assistance and Referral Service (MARS) is a pre-screening tool that provides online information (in English and Spanish) about the Child Development and Care program and allows clients to estimate if they may be eligible for services.*

- 4.1.2 The following is a detailed description of how the State ensures that parents are informed about their ability to choose from among family and group home care, center-based care and in-home care including faith-based providers in each of these categories.

The parents are informed through consumer education activities including:

- Michigan Cares for Today’s Child (DHS Publication 798)*
- 4 Steps to Choosing Quality Child Care (DHS Publication 836)*
- Powerpoint “Orientation” (DHS Publication 250)*
- Child Development and Care (CDC) Applicant Instructions (DHS-4640)*
- Child Development and Care (CDC) Application (DHS-4583)*
- Assistance Application, Information Booklet (DHS-1171)*
- DHS public web site (www.michigan.gov/daycare)*
- On-Site Child Care Coordinators in local DHS offices*
- Child Development and Care eligibility staff in local DHS offices*

4.2 Records of Parental Complaints

The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

The DHS Office of Children and Adult Licensing (OCAL), Division of Child Day Care Licensing which regulates licensed and registered child care providers, maintains a record of ALL complaints (from all sources, not just parents) related to administrative rule or licensing act violations in registered and licensed child care facilities.

Anyone can obtain a copy of the complaint investigation report under the Freedom of Information Act (FOIA) once the investigation has been completed and has been shared with the licensee/registrant. Complaint investigations with rule violations are available as online PDF files on the DHS web-site (www.michigan.gov/dhs).

The Children's Protective Services Division within DHS maintains a state child abuse and neglect central registry. Information regarding substantiated complaints on potential day care aides and relative care providers can be requested by anyone under FOIA. Requested information is made available except for that determined to be protected by the Michigan Child Protection Law, Act No. 238, Public Acts of 1975, as amended.

4.3 Unlimited Access to Children in Child Care Settings

The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

Informal (enrolled) child care providers must sign the DHS-220, Day Care Aide/Relative Care Provider Application. This form is signed by the provider and requires the provider to certify that the parents of the children in care have unlimited access to their children while they are in care.

Licensed child care providers make this same assurance through the Licensing Rules for Family and Group Day Care Homes and the Licensing Rules for Child Day Care Centers. For homes, the rule is: R 400.1805 (3), A home shall permit parents or legal guardians to visit at any time children are in care." For centers, the rule is: R 400.5106 (4), A center shall permit parents to visit the program for the purpose of observing their children at all times."

4.4 **Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care**

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: *The Department of Human Services.*

- "appropriate child care":
The care is appropriate to the child's age, disabilities and other conditions.
- "reasonable distance":
The total commuting time to and from work and child care facilities does not exceed three hours per day.
- "unsuitability of informal child care":
Providers not registered/licensed by the Office of Children and Adult Licensing and not meeting DHS enrollment requirements.
- "affordable child care arrangements":
The child care is provided at the rate of payment or reimbursement set by the Michigan Legislature.

PART 5
ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF
CHILD CARE

5.1 Quality Earmarks and Set-Asides

- 5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; and describes the expected results of the activities. **For the infant and toddler earmark, the State must note in its description of the activities what is the maximum age of a child who may be served with such earmarked funds.**

Infants and toddlers:

- *Department of Community Health - Non-TANF State/County agency:*
Public health consultation services and mental health consultation services (Child Care Expulsion Prevention) to licensed/registered and enrolled/informal child care providers serving children ages 0-5 (with a special emphasis on children ages 0-3) in designated areas of Michigan. Informal providers receive priority for services. The expected result of the public health consultation services is training for 450 child care providers. The expected result of the mental health consultation services is 16,000 children will be positively affected by intervention.
- *Head Start Association - Non-governmental community organization:*
Early Head Start services, targeting families with children birth to three or with an unborn child with a sibling under age five, who use informal care providers or who are involved in the Child Welfare system (active protective services, prevention services or foster care). One hundred (100) families are expected to receive services, resulting in improved early learning and care environments.

Resource and referral services:

- *4C regional agency (Oakland County Child Care Council) - Child Care Resource and Referral Service*
Resource and referral services to provide child care information, coordination, and outreach for DHS clients and providers. Results are included in the resource and referral services referenced in 5.1.4, Other.
- *4C Association - Non-governmental community organization:*
A total of 268 special needs enhanced referrals for parents of children with special needs to providers (regulated child care providers, respite care

providers, foster-grandparents, and other senior volunteers) who have completed training.

School-age child care:

- Michigan Department of Education – Non-TANF State agency:
In cooperation with the Department of Education, support the work of the Michigan After School Partnership (MASP) to build and sustain high quality out-of-school time programs and resources.*

5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds):

\$ *15.5M* (*8.9%*)

5.1.3 Check either "Yes" or "No" for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

	Yes	No
• Comprehensive consumer education	<i>X</i>	<input type="checkbox"/>
• Grants or loans to providers to assist in meeting State and local standards	<i>X</i>	<input type="checkbox"/>
• Monitoring compliance with licensing and regulatory requirements	<i>X</i>	<input type="checkbox"/>
• Professional development, including training, education, and technical assistance	<i>X</i>	<input type="checkbox"/>
• Improving salaries and other compensation for child care providers	<i>X</i>	<input type="checkbox"/>
• Activities in support of early language, literacy, pre-reading, and early math concepts development	<i>X</i>	<input type="checkbox"/>
• Activities to promote inclusive child care	<i>X</i>	<input type="checkbox"/>
• Healthy Child Care America and other health activities including those designed to promote the social and	<i>X</i>	<input type="checkbox"/>

emotional development of children

- Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))

X

☐

5.1.4 Describe each activity that is checked "Yes" above, identify the entity(ies) providing the activity, and describe the expected results of the activity.

- *Comprehensive consumer education*

Department of Human Services – State agency:

Consumer education efforts involve producing and providing materials on topics such as early childhood development, choosing quality child care, accreditation, and child care health and safety. These materials are made available to child care providers, CDC families and the general public:

- “Healthy Child Care” (bimonthly newsletter) – 114,911 issues distributed to regulated providers last fiscal year
- “Wonder Years” (bimonthly newsletter) – 526,198 issues distributed to CDC families and relative care providers last fiscal year
- “Michigan Child Care Matters” (quarterly newsletter) – 84,000 issues distributed to regulated providers last fiscal year
- “Michigan Cares for Today’s Child”, DHS Pub-798 – 133,219 distributed to CDC families and potential clients last fiscal year
- “Provider Handbook and Reporting Instructions,” DHS Pub-230 – 83,873 distributed to all types of providers last fiscal year
- “Accreditation: Added Security when Choosing Child Care,” DHS Pub-626 – 8,770 distributed to requestors last fiscal year
- “4 Steps to Choosing Quality Child Care,” DHS Pub-836 – 174,946 distributed to individuals, families and organizations last fiscal year

- *Grants or loans to providers to assist in meeting State and local standards*

4C Association – Non-governmental community organization:

Enhanced Quality Improvement Program (EQUIP) grants for regulated child care providers targeted to improve the quality and increase the capacity of child care for low-income families. Special focus areas include: increasing spaces for infant/toddler care, care for children with special needs, 24-hour and weekend care, improved health and safety of children in care, and increased parent/provider communication. Four hundred and twenty (420) providers are expected to receive EQUIP grants.

4C Association – Non-governmental community organization:

Start-Up Grants awarded to providers starting new child care facilities (centers, family and group homes) that plan to provide care for low-income children. One hundred fifty (150) providers are expected to receive Start-Up grants.

- *Improving the monitoring of compliance with licensing and regulatory requirement*

*DHS, Office of Children and Adult Services – State agency:
Support of approximately 60 child day care licensing staff and related activities.*

- *Professional development, including training, education, and technical assistance*

*Michigan State University Extension – Other, public university:
Better Kid Care satellite training and child care training for low-income adults in designated communities to promote an increase in provider knowledge, provider skills and quality of care provided. The expected result is 2,000 child care providers in 65 counties will participate in one or more satellite training sessions, and 240 low-income adults in up to 6 designated communities will participate in child care provider training.*

*4C Association – Non-governmental community organization:
T.E.A.C.H. provides a sequential professional development path for teachers, program directors, and regulated child care providers currently in the early childhood education and care field. A total of 3,227 scholarships have been awarded to providers in 80 Michigan counties. Over 24,700 credits have been purchased from participating colleges/universities. Collaborative partnerships are facilitated among scholarship recipients, participating colleges and universities, the statewide Michigan Early Childhood Professional Development Consortium, child care programs, Head Start/Telemon, child day care licensing and DHS.*

*4C Association – Non-governmental community organization:
The Michigan Child Care Futures project is designed to increase and retain the supply of quality child care services for children in families and communities By developing and implementing a variety of provider training programs (Basic, Advanced, Administrators, Special Needs, and Mini Series) for all provider types, new and existing, and parents of young children. It is expected that 7,662 providers will be trained in FY 2005.*

*4C Association – Non-governmental community organization:
Incentive payments of \$150 for up to 1,000 day care aide and relative care providers completing 16 hours of documented child care training.*

4C Association – Non-governmental community organization:

Train the Trainers – One training session will be held to include 4C trainers and 4C contract trainers to review training techniques, curricula and contract requirements. Forty three (43) trainers will complete the training.

*Head Start State Collaboration Program – Government agency:
Department of Human Services Recruitment Eligibility Data (F.R.E.D.) aids in the recruitment of TANF eligible children for Head Start/Early Head Start programs. Helps provide access to comprehensive services for low-income children, and promotes full enrollment for Head Start agencies.*

*Children's Trust Fund – Public, non-profit organization:
Supporting Families with Young Children Conference – Financial support for up to 150 providers and 50 parents to attend this conference.*

- *Improving salaries and other compensation for child care providers*

*4C Association – Non-governmental community organization:
T.E.A.C.H. compensation component – 5.23% overall increase in participant wages*

- *Activities in support of early language, literacy, pre-reading, and numeracy development*

*Head Start State Collaboration Program – State agency:
Family Literacy Partnership Project – Collaboration with the Michigan Library to promote "Michigan Reads!" in all Head Start programs. This program promotes successful reading and literacy skills for preschool children, promotes families reading together, and encourages regular visits to the local library. Collaboration with the National Center for Family Literacy Project to sponsor a Phase II regional training of all Head Start programs.*

*DHS, Office of Children and Adult Licensing, Division of Child Day Care Licensing – State agency:
Child Day Care Licensing rule revision requiring 30 minutes of appropriate emergent literacy activities each day.*

*Department of Education – State agency:
Michigan School Readiness Program (MSRP), a statewide preschool program for four-year-old children who are at risk of school failure and who are not served by other state or federally funded programs.*

*Department of Education – State agency:
Development of Early Childhood Standards of Quality for Infants and Toddlers that will include child learning outcomes in all areas of development, as well as program quality standards. Will also align and articulate with prekindergarten standards. Technical writer to compile and organize the work of the ad-hoc committee.*

- *Inclusion*

4C Association – Non-governmental community organization:

Train the Trainers – One training session will be held to include 4C trainers and 4C contract trainers to present a new curriculum on “Inclusion,” thus expanding options available to trainers. Twenty five (25) trainers will complete the training.

- *Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children*

Michigan Early Childhood Comprehensive System (ECCS) – Participate in the ECCS which includes strategies for universal health insurance coverage; medical homes (physician relationships) for all children; Michigan Care Improvement Registry allowing primary care providers access to information for the children they serve; supports and services for all pregnant women; state-wide screening for social-emotional health of infants and young children, including screening for depression for all children, women during the prenatal and perinatal period, and family members; research based services and supports that promote the social-emotional health of infants and young children and their parents. These strategies will result in the development of children that are healthy and ready to learn at school entry.

- *Other*

4C regional agencies – Child Care Resource and Referral Service:

Resource and referral services to provide child care information, coordination, and outreach for DHS clients and providers. A total of 50,308 referrals were made in fiscal year 2004. A total of sixty eight and one half (68.5) On-Site Child Care Coordinators are located in county/district DHS offices.

Early Child Care Workforce Study – Will provide an essential base-line foundation of the characteristics of the early childhood care and education workforce.

(Contractor not yet chosen.)

4C Association - Non-governmental community organization:

4C special projects giving 61 awards to 4C regional agencies for additional services. Special focus areas are: outreach/training for migrant care providers, child care expulsion prevention, providers caring for children with special needs and training for day care aides and relative care providers.

5.1.5 Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity?

☒ Yes, the following entities named in this part are non-governmental:

Name: *Michigan Community Coordinated Child Care (4C) Association*
Type: *Non-governmental community organization*

Name: *Regional Community Coordinated Child Care Councils (4C Agencies)*
Type: *Child Care Resource and Referral Service*

Name: *Healthy Child Publications (Publisher of "Healthy Child Care")*
Type: *Other, private for-profit*

Name: *Michigan State University Extension*
Type: *Other, public university*

Name: *Partnership for Learning (Publisher of "Wonder Years")*
Type: *Other, private for-profit*

Name: *Head Start Association*
Type: *Non-governmental community organization*

☐ No.

5.2 Good Start, Grow Smart Planning and Development

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and early math concepts and a plan for the education and training of child care providers. The third component of the President's *Good Start, Grow Smart* initiative, planning for coordination across at least four early childhood programs and funding streams, was addressed in Section 2.1.2.

5.2.1 Status of Voluntary Guidelines for Early Learning. Indicate which of the following best describes the current status of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and early math concepts for three to five year-olds.

☐ **Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: _____

☐ **Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: _____

☐ **Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as Attachment ____

- ☒ **Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are available online at www.michigan.gov/mde.
- ☐ **Revising.** A State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as Attachment ____
- ☐ **Other (describe):**

Describe the progress made by the State in developing voluntary guidelines for early learning since the date of submission of the 2004-2005 State Plan.

Since the submission of the previous state plan, Michigan has completed the revision of the Early Childhood Standards of Quality for Prekindergarten. The document includes Quality Program Standards for Preschool and Prekindergarten Programs and Early Learning Expectations for Three- and Four-Year-Old Children. The document aligns with Grade Level Content Expectations (GLCE) for kindergarten in the areas in which the GLCEs have been approved: English Language Arts and Mathematics. Social studies, science, and the arts are in progress. Michigan Department of Education early childhood staff and curriculum staff meet regularly to assure that alignment and consistency are maintained. The following timeline documents the milestones in achieving approval of the revised prekindergarten standards:

- *Spring 2004 Planning Team identified: collaborating partners (Education, Human Services, Public Health, Mental Health, Head Start State Collaboration Program), writer, facilitator, and coordinator*
- *May 19, 2004 - Ad Hoc Advisory Committee meeting*
 - *Membership included more than 80 stakeholders, parents, providers, community members, programs and organizations responsible for children's learning*
 - *Subcommittees formed*
- *July 7, 2004 – Ad Hoc Advisory Committee meeting – subcommittee work and large group input*
- *Technical writer used committee input to revise standards*
 - *Subcommittees provided additional clarification and input*
- *Draft reviewed by Ad Hoc Advisory Committee electronically*
- *September 8, 2004 - Ad Hoc Advisory Committee provided additional input*
 - *Draft approved by Ad Hoc Advisory Committee to submit to State Board for approval for Public Comment*
- *November 9, 2004 – State Board approval to accept public comment*
- *Public comment*
 - *Electronic and website comment accepted*
 - *November 16, Macomb ISD*
 - *November 18, Berrien ISD*
 - *November 19, State Interagency Coordinating Council Meeting, Lansing*

- November 29, Dickinson-Iron ISD
- December 1, Michigan Child Care Task Force Meeting, Lansing
- December 2, Petoskey
- December 2004-February 2005: Planning team reconvened to consider changes; writer made changes and further comments accepted electronically
- March 8, 2005 State Board of Education approval

If developed, are the guidelines aligned with K-12 content standards?

☒ Yes. If yes, describe.

☐ No.

Please attach a copy of the guidelines. If the guidelines are available on the web, provide the appropriate Web site address:

http://www.michigan.gov/mde/0,1607,7-140-5234_6809-103343--,00.html

5.2.2 Domains of Voluntary Guidelines for Early Learning. Do the guidelines address language, literacy, pre-reading, and early math concepts?

☒ Yes

☐ No

Do the guidelines address domains not specifically included in *Good Start, Grow Smart*, such as social/emotional, cognitive, physical, health, creative arts, or other domains?

☒ Yes. If yes, describe.

Approaches to learning, social and emotional development, intellectual development, creative development, physical development and health, early learning in science, early learning in the social studies, early skills in using technology.

☐ No

Have guidelines been developed for children in age groups not specifically included in *Good Start, Grow Smart* (children other than those aged three to five)?

☒ Yes. If yes, describe.

A parallel process has been initiated to develop Early Childhood Standards of Quality for Infants and Toddlers. Expected approval by State Board of Education Spring 2006.

☐ No

5.2.3 Implementation of Voluntary Guidelines for Early Learning. Describe the process the State used or expects to use in **implementing** its early learning guidelines. How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation? Materials

developed to support implementation of the guidelines are included as Attachment ____.
(There are no printed materials at this time.)

Dissemination of the standards is currently through web-posting, electronic notification, and conference presentations. Collaboration with the Office of Children and Adult Licensing will provide CD-ROMs to all regulated child care providers statewide when new licensing rules are promulgated and necessary funds identified. Staff in the Office of Early Childhood Education and Family Services will provide technical assistance to Michigan School Readiness Programs on the new standards and associated implementation issues in August and September 2005.

The Early Learning Expectations and associated Quality Program Standards are required in the state-funded prekindergarten program, the Michigan School Readiness Program (MSRP), but highly recommended for all other classroom-based early education and care programs. Staff in the Office of Early Childhood Education and Family Services plan to require early childhood special education programs to use the standards next year as the basis of their work on early childhood outcomes.

- 5.2.4 Assessment of Voluntary Guidelines for Early Learning.** As applicable, describe the State's plan for **assessing** the effectiveness and/or implementation of the guidelines. Written reports of these efforts are included as Attachment ____.
(No written reports are available.)

Michigan does not plan to directly assess the effectiveness of the guidelines through child assessment. However, the Children's Action Network (CAN), through the Early Childhood Investment Corporation, and the Department of Education, through pertinent portions of the Cabinet Action Plan, are proposing a random, stratified sampling procedure to collect longitudinal data on the developmental status of children at school entry. This process would allow Michigan to evaluate the success of its entire early childhood system of services and supports, and to plan program improvements and enhancements as indicated.

Michigan does assess program quality in the Michigan School Readiness Program with the High/Scope Program Quality Assessment (PQA), which is aligned to the new program standards. A Quality Rating System for all regulated child care programs is under development with funding from the Joyce Foundation. The Quality Program Standards have been used to develop the items proposed for the Quality Rating System.

- 5.2.5 State Plans for Professional Development.** Indicate which of the following best describes the current status of the State's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education.

- X Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- ☐ **Developing.** A plan is being drafted. The draft is included as Attachment ____
- ☐ **Developed.** A plan has been written but has not yet been implemented. The plan is included as Attachment ____
- ☐ **Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment ____
- ☐ **Other (describe):**

Describe the progress made by the State in a plan for professional development since the date of submission of the 2004-2005 State Plan.

The Children's Action Network (CAN) has established a Professional Development workgroup that has been meeting monthly since November 2004. Building on the work of the Early Childhood Professionals Consortium and other efforts in the state, the workgroup is utilizing funding from the Joyce Foundation to formalize a professional development plan. The workgroup is charged with:

- identifying issues and barriers to increased training and education for early childhood professionals;*
- researching effective professional development systems in other states;*
- using information to define an early childhood professional development pathway; and*
- engaging local constituencies in identifications of issues, barriers and solutions.*

The following recommendations about the priorities for the plan have been accepted by the CAN and Children's Cabinet:

- Conduct a workforce study of existing child care providers;*
- Develop professional standards, competencies and a career lattice/pathway;*
- Develop and implement a Quality Rating System;*
- Create/compile a Training and Educational Opportunities Directory;*
- Use action teams within community collaborations to meet the needs of the training system;*
- Design a monitoring and oversight entity; and*
- Integrate training for informal caregivers with the parent education and support programs and ensure connection with the career lattice/pathway.*

Final recommendations are due by December 2005.

If your State has developed a plan for professional development, does the plan include:	Yes	No
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STATE PLAN FOR CCDF SERVICES
FOR THE PERIOD 10/1/05 – 9/30/07

A link to Early Learning Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Continuum of training and education to form a career path	<input type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of trainers	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content	<input type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners' training	<input type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
State Credentials – Please state for which roles (e.g. infant and toddler credential, directors' credential, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input type="checkbox"/>	<input type="checkbox"/>

For each Yes response, reference the page(s) in the plan and briefly describe the Lead Agency's efforts.

For each No response, indicate whether the Lead Agency intends to incorporate these components.

Are the opportunities available:	Yes	No
Statewide	<input type="checkbox"/>	<input type="checkbox"/>
To Center-based Child Care Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

Describe how the plan addresses early language, literacy, pre-reading, and early math concepts development.

Are program or provider-level incentives offered to encourage provider training and education?

- ☐ Yes. Describe, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.

- ☐ No. If no, is there any plan to offer incentives to encourage provider training and education?

What are the expected **outcomes** of the State's professional development plan and efforts to improve the skills of child care providers? As applicable, how does (or will) the State assess the effectiveness of its plan and efforts? If so, how does (or will) the State use assessment to help shape its professional development plan and training/education for child care providers?

PART 6
HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(Only the 50 States and the District of Columbia complete Part 6.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

6.1 Health and Safety Requirements for Center-Based Providers (658E(c)(2)(F), §§98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?

☐

Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.

X

No. Describe which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

Michigan licensing rules exempt all child care facilities located on Federal land (military installation or Indian reservation). These facilities are governed by military or tribal licensing rules. The other category of licensing exempt child care facilities is where the parents of the children are on-site and accessible to the children. The majority of these on-site child care facilities are located in school facilities, such as teen parent programs

6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2)&(3))

☐

Yes, and the changes are as follows:

X

No

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

- Building and physical premises safety
- Health and safety training

Michigan recognizes federal and tribal licensing rules.

6.2 Health and Safety Requirements for Group Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

☐

Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.

X

No. Describe which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

Certain group day care homes located on Federal land (military installation or Indian reservation) or where the parents of the children are on-site and available are exempt from Michigan licensure

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☐

Yes, and the changes are as follows:

X

No

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

In order to receive payment through the Child Development and Care Program, these legally exempt group homes must certify that they meet any applicable health and safety standards. DHS does not impose additional health and safety requirements on legally exempt group homes.

6.3 Health and Safety Requirements for Family Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

☐ Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.

☒ No. Describe which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

Certain family day care homes located on Federal land (military installation or Indian reservation) or where the parents of the children are on-site and available are exempt from Michigan licensure.

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☐ Yes, and the changes are as follows:

☒ No

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

In order to receive payment through the Child Development and Care Program, these legally exempt family homes must certify that they meet any applicable health and safety standards. DHS does not impose additional health and safety requirements on legally exempt family homes.

6.4 Health and Safety Requirements for In-Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above?

☐ Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

X No. Describe which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

All in-home child care providers are exempt from licensing.

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☐ Yes, and the changes are as follows:

X No

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

There are statewide campaigns that provide immunization information to parents and child care providers. In addition, printed materials are provided about the importance of infectious disease control and immunizations. Training and training materials are available, both formally and informally, which include information on: communicable diseases – recognizing, controlling and treating infectious diseases, and understanding common childhood illnesses.

However, as in-home providers (day care aides) are exempt from Michigan licensing rules, these providers are not required to certify that age-appropriate immunizations are complete for children in their care.

- Building and physical premises safety

Training materials are made available, both formally and informally, which include information on: fire safety – how to prevent fires and what to do in an emergency, and child safety in the home – how to “childproof” the home and prevent accidents.

For day care aides, care is provided in the home of the child, and we do not legislate the safety of these homes. However, many communities in Michigan have laws regulating health and safety standards for homes.

- Health and safety training

Formal training is provided through the Michigan 4C Association, community colleges, public and private universities, and university extension programs. An incentive payment of \$150 is provided to encourage day care aides to participate in this training.

Bimonthly mailings covering appropriate health and safety topics are sent to families using Child Development and Care services. Topics covered vary by issue and include:

- *Physical health needs*
- *Growth and development*
- *Safe play*
- *Injury prevention*
- *Parenting*

6.5 Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A)) Indicate the Lead Agency's policy regarding these relative providers:

- ☐ All relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☒ All relative providers are **exempt** from all health and safety requirements.
- ☐ **Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:

6.6 Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- ☒ Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits:

Renewal inspections for centers and group homes may be conducted without a definite date, although a period of time in which the visit may occur is given. Renewal inspections occur every 2 years for Group Day Care Homes and Child Care Centers. There is no renewal inspection required for Family Day Care Homes.

Any complaint investigation visits for all providers are unannounced.

A 10% sample of family homes in each county/each year may be scheduled or unscheduled.

All interim visits (every other year) for centers and group homes may be scheduled or unscheduled.

☐ No

- Are child care providers subject to background checks?

☒ Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):

In centers, the licensee or licensee designee and program director are required to submit to background checks. Family home registrants and group day care home licensees are also required to submit to background checks.

☐ No

- Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

☒ Yes, and the following describes the State's reporting requirements and how such injuries are tracked (if applicable):

Centers, group and family home providers are all required to complete a Notification of Serious Accident/Illness/Injury/Death of a Child form and forward that report to the Office of Children and Adult Licensing. The report is reviewed to determine if a special investigation is required. If so, the information is added to the licensing data base and assigned for investigation.

☐ No

- Other methods used to ensure that health and safety requirements are effectively enforced:

Center-Based/Group Home Providers: An on-site visit is made before a license is issued. The Child Day Care Licensing Division processes a protective services and criminal records clearance request for the applicant, program director (for center) and adult family members (for group homes). If the clearances indicate there have been no convictions or involvement in the abuse and neglect of children or adults, and the licensing consultant has determined the applicant meets the requirements of the Child Care Organization Act and child day care center/group home licensing rules, the DHS Child Day Care Licensing Division issues a center/group original license for 6 months, which may be renewed to a 2 year Regular License. The license is effective for two years from the date of issuance. As required by law, the DHS Division of Child Day Care Licensing monitors each provider annually (an Interim Inspection) to ensure that quality standards are being met. The DHS investigates complaints related to alleged licensing rule and act violations.

Family Home Providers: The applicant must provide proof of a negative Tuberculosis test for all persons 14-years and older living in the home, a furnace inspection, a completed registration information form, and is required to attend an orientation session. He/she signs a Statement of Registration indicating he/she is in compliance with the Child Care Organization Act and all licensing rules for family day care homes. The Child Day Care Licensing Division processes a protective services and criminal records clearance request for the applicant and all adults living in the home. If the clearances indicate there have been no convictions or involvement in the abuse and neglect of children or adults, and no other problems with compliance have surfaced during the orientation process, the DHS Child Day Care Licensing Division issues a certificate of registration which is effective for three years. A day care home licensing consultant conducts an on-site visit to the home to assess full compliance with the family day care home rules within 90 days after issuance of the certificate. The Child Day Care Licensing Division investigates all complaints related to alleged act and rule violations as they are filed. Ten percent of registered family homes are identified for inspection annually.

In-Home Day Care Aides and Relative Care Providers: Protective services (PS) status checks are completed on providers who apply for enrollment as day care aides or as relative care providers and on any adults in the relative care providers' homes. If a clearance indicates at application or after enrollment that the provider or an adult in the relative care provider's home is on the Central Registry as a perpetrator, the provider's enrollment is denied or revoked. DHS notifies the provider in writing that he/she is not eligible to be a day care aide or relative care provider. The PS Unit notifies the aide/relative or the adult in the relative's home that he/she is on the Central Registry and of his/her rights to due process. If the PS record is subsequently expunged, the person may reapply for enrollment.

Criminal background checks are also completed on providers who apply for enrollment as day care aides or relative care providers. If a clearance indicates that a provider has been convicted of certain crimes, the provider's enrollment is denied or revoked. DHS notifies the provider in writing that he/she is not eligible to be a day care aide or relative care provider.

6.7 Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- ☒ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☒ Children who receive care in their own homes.
- ☒ Children whose parents object to immunization on religious grounds.
- ☒ Children whose medical condition contraindicates immunization.

PART 7
HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

(Only the Territories complete Part 7.)

7.1 Health and Safety Requirements for Center-Based Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.2 Health and Safety Requirements for Group Home Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.3 Health and Safety Requirements for Family Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.4 Health and Safety Requirements for In-Home Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.5 Exemptions to Territorial Health and Safety Requirements

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- ☐ All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ All relative providers are **exempt** from all health and safety requirements.
- ☐ **Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

7.6 Enforcement of Territorial Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how Territorial health and safety requirements are effectively enforced:

Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- ☐ Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits:
- ☐ No

Are child care providers subject to background checks?

- ☐ Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):
- ☐ No

Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

- ☐ Yes, and the following describes the Territory's reporting requirements and how such injuries are tracked (if applicable):
- ☐ No

Other methods used to ensure that health and safety requirements are effectively enforced:

7.7 Exemptions from Territorial Immunization Requirements

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- ☐ Children whose parents object to immunization on religious grounds.
- ☐ Children whose medical condition contraindicates immunization.

APPENDIX 1
PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 106-554)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must define the following *italicized* terms. (658P, 658E(c)(3)(B))

- *attending* (a job training or educational program; include minimum hours if applicable) – *enrolled full or part-time (as defined by the educational institution) and participating in an activity leading to a high school diploma or its equivalent (i.e. General Education Development [GED] and Adult Basic Education [ABE] classes) or English as a Second Language classes, or meeting MWA participation requirements and demonstrating sufficient progress while participating in an approved DHS/Michigan Works! Agency (MWA) activity (i.e. employment preparation and/or training or a post-secondary education program), limited to 26 two-week pay periods.*
- *in loco parentis* – *a person living with the child needing child care services who is:*
 - *a non-custodial parent,*
 - *another related person who acts as a caretaker (responsible for the care) of the child,*
 - *a legal guardian,*
 - *an unrelated adult who is at least age 21 and whose petition for legal guardianship of the child is pending,*
 - *an unrelated adult with whom DHS Children's Services has placed a child subsequent to a court order identifying DHS as responsible for the child's care and supervision.*
- *job training and educational program* – *an activity leading to a high school diploma or its equivalent (i.e. General Education Development [GED] and Adult Basic Education [ABE] classes) or English as a Second Language (ESL) classes, or an approved DHS/MWA activity (i.e. employment preparation and/or training or a post-secondary education program), limited to 26 two-week pay periods.*
- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) – *A court order or a physician's statement verifies that a child is:*
 - *age 13 but under age 18 and*
 - *requires constant care due to a physical, mental or psychological condition; and/or*
 - *supervision has been ordered by the court; or*
 - *age 18 and requires constant care due to a physical, mental or psychological condition or a court order, and is a full-time high school student and is reasonably expected to complete high school before reaching age 19*

- *protective services* – a CDC eligibility group with a child whose family has an open children's protective services case and who needs child care services for family preservation:
 - because they are required to participate in a treatment activity for a health or social condition or
 - because they are unable to provide care due to a health condition for which they are being treated by a physicianMichigan does not choose to provide respite care to children in protective services. This eligibility group does not require an income determination.
- *residing with* – living in the same household as the parent, except for temporary absences, during the time period for which services are offered.
- *special needs child* – any child who meets the definition of physical or mental incapacity. Michigan does not distinguish between "special needs" for the purposes of payment rates or prioritizing services.
- *very low income* – based on family size, the maximum earnings a family can receive and still remain eligible for Family Independence Program or Food Assistance Program benefits.
- *working* (include minimum hours if applicable) – employed or self-employed and receiving money wages, or self-employment profits or sales commissions within six months of employment.
- Additional terminology related to conditions of eligibility or priority established by the Lead Agency:

adult – any person 18 years of age or older, or married, or emancipated by court order.

available parent/guardian – the following persons who live in the home who must have a valid need for requesting care:

- parent(s) of the child needing care,
- step-parent of the child needing care,
- foster parent(s) of the child needing care,
- legal guardian(s) of the child needing care,
- if there is no parent, step-parent, or legal guardian living in the home, the applicant/client
- if the only parent or step-parent living in the home is excluded from providing the care, the applicant/client.

employee – a person who works for another person or organization for wages.

FIP recipient – a recipient of TANF cash assistance through the Department of Human Services who is not an ineligible grantee.

ineligible grantee – a non-parent caretaker who is the grantee for a FIP-eligible child(ren) and is excluded from the FIP group based on his/her choice.

program group – the following persons who live together, or who are temporarily absent, whose income must be counted in determining eligibility for CDC categories that require an income determination:

- each child for whom care is requested; and*
- each child's parent(s), or step-parent(s); and*
- each child's unmarried, under age 18, sibling(s), step-siblings or half sibling(s); and*
- the parent(s) or step-parent of any of the above sibling(s); and*
- any other unmarried child(ren) under age 18 whose parent, step-parent or legal guardian is a member of the program group.*

relative – a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle, adult sibling/step-sibling providing child care in his/her own home, not the home where the child lives.

temporary absence – absence of a person is temporary if:

- his/her location is known; and*
- he/she plans to return; and*
- he/she lived with the group before the absence.*

A temporarily absent person who otherwise meets the definition of a program group member is considered to be living in the home and his/her income is counted.

SUMMARY OF PUBLIC COMMENTS
Michigan CCDF State Plan
FFY 2006-2007

Section 1.6 Determining Eligibility

Increase training of eligibility staff to ensure consistency of policy application.

Section 1.9 Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children

- Dollars used for pre-K must be used in most efficient manner possible. Use public funds for high quality programs in existing programs.*
- Emphasize the use of “wrap-around care” funds to wrap programs around the child rather than wrapping a child around a number of programs.*

Section 2.1 Consultation and Coordination

Comments commended DHS for currently working collaboratively with child care organizations and services. The list of “players” must be expanded and all must work together to implement long-term solutions to the child care crisis in the state, be willing to improve the quality of programs and the professionalism of child care providers, and ensure that children arrive at school ready to succeed.

Section 2.1.2 State Plan for Early Childhood Program Coordination

- Comments commended the spirit of collaboration between the Head Start State Collaboration Office and the Head Start Association. This relationship promotes a bridge between the Early Head Start community and the local communities in early childhood education.*
- Comments supported the Early Childhood Investment Corporation (ECIC) and declared commitment to ensure the ECIC brings a focus to early childhood care and education, expands the awareness and resources available to improve the quality of child care in Michigan, and embraces and adopts DHS’ collaborative approach for delivering services to improve child care.*
- Questions were raised about what impact the transfer of activities from DHS to ECIC will have on the CCDF Plan.*

Section 2.2 Public Hearing Process

Post Notice of Public Hearing on the provider Internet billing site.

Section 3.1 Certificate Payment System

- Increase training for clients about the child care program when child care certificates are issued.*
- Do not back-date authorization cancellations, leaving the provider responsible for charges incurred.*

Section 3.2 Payment Rates for the Provision of Child Care

- *Proceed with plan to change payment structure from hourly to weekly rate to reflect the child care market.*
- *Ensure that providers receive payments reflecting the market rate costs of care.*
- *Offer higher reimbursement rates for children with special needs.*
- *Develop a tiered rating system.*
- *Do an impact study on rates and eligibility criteria.*

Section 3.3 Eligibility Criteria for Child Care

TANF work requirements have made it difficult for low-income students with children to pursue higher education. Add language to the Plan in support of college students with children.

Section 3.5 Sliding Fee Scale for Child Care Services

Adjust income eligibility to align with current median income.

Part 5 Activities & Services to Improve the Quality and Availability of Child Care

- *Continue to fund programs which provide easy access and quality care to low income families.*
- *Expand efforts to recruit and train new child care providers.*
- *Expand funding for training and professional development, such as Michigan Child Care Futures Training and T.E.A.C.H. offered by the Michigan 4C Association, so the cost of training does not become burdensome to child care providers.*
- *Continue to work with projects that have received funding from foundations and other sources to ensure a coordinated approach to improve the supply of quality child care.*
- *Increase financial support for the local/regional 4C offices that play a crucial role in ensuring a coordinated approach to increasing the supply of quality child care.*
- *Child care subsidies to support high quality child care is taxpayer money put to good use.*
- *Continue Early Head Start services at the current level and increase level when funds are available. It is an essential quality initiative, creating valuable partnerships with local communities.*

Part 6 Health and Safety Requirements for Providers

Ensure the Child Day Care Licensing Division has staff and resources to implement the plan as described.



CHILD DEVELOPMENT AND CARE CLIENT CERTIFICATE/NOTICE

State of Michigan
Department of Human Services (DHS)

Case Name				
Grantee ID				
Case Number				
County	District	Section	Unit	Specialist
Date			Other ID	

INSTRUCTIONS:

Please read this form carefully.

The information next to the box(es) checked (✓) applies to you. Disregard the information next to boxes that are not checked.

- On _____ you requested Child Development and Care (CDC) services or a CDC Redetermination.
 - ☐ You are eligible for Child Development and Care services. See the authorization information below.
 - ☐ You are **NOT** eligible for Child Development and Care services. See the reason(s) on #4 below:
 - ☐ We need more information to determine if you are eligible for Child Development and Care services. You must provide the following information by _____ or your application will be denied:
- ☐ Your Child Development and Care services will change effective _____. See the authorization information below.
- ☐ Your Child Development and Care services will be canceled effective _____.
- ☐ The above action(s) is being taken for the following reason(s): _____

Manual Item Reference(s): _____

AUTHORIZATION INFORMATION: The amount DHS will pay may decrease or stop if your circumstances change or if the Department's policy changes and/or you are no longer eligible for services.

CHILD'S NAME	PROVIDER NAME	PAY PERIOD DATES		BIWEEKLY MAXIMUM	
		BEGIN	*END	HOURS	DEPARTMENT PAY PERCENT (DP%)

IMPORTANT:

- THE HOURS AUTHORIZED ARE MAXIMUM HOURS. YOU MAY ONLY USE THE CARE AUTHORIZED SO THAT YOU MAY WORK, ATTEND SCHOOL/TRAINING OR FOR SOCIAL/HEALTH REASONS, AND ONLY IF THE ACTIVITY HAS BEEN APPROVED BY DHS.
- *If there is all 99/99/9999 at the end of the pay period date, authorization will continue until you are mailed notification of an end date.
- If no hours are shown, Child Development and Care services have not been authorized or have been canceled.
- The provider listed above has also been notified of the authorization information for each child. You will not receive benefits after the end date unless you receive another notice that authorizes care.
- The grant amount will vary based on hours authorized, hours of care provided, provider's charge for care, the DHS maximum reimbursement rate and your copay. You are responsible for any amounts not paid by DHS.
- DHS will not issue a grant for more than 100 hours per pay period.
- Care cannot be authorized or reported for vacation periods of the client, child or the provider.
- You must report changes in your circumstances to your DHS specialist within 10 days of the change.
- If the reported change results in a reduction in services, the reduction will be made as soon as administratively possible by the Department without advance notice.
- If benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overissuance, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be prosecuted for fraud.

Family Independence Specialist	Telephone ()
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HEARING RIGHTS

If you have any questions about this action, please contact your Family Independence Specialist immediately. If you wish, you may meet with your specialist and the specialist's supervisor to discuss the reason for this action.

If you believe this action is illegal, you may request a hearing. You may request a hearing within 90 days of the date of this letter. Your request must be in writing, signed by you or your authorized representative, and sent to your local Department of Human Services (DHS) office. You may be represented by an attorney or other person of your choice but this Department does not pay for legal expenses. You may contact your local DHS office to find out if free legal help is available.

If you are currently receiving services and your hearing request is received within 10 days of the date of this notice, your benefits will continue at the present level until the hearing decision is rendered or your authorization period ends, whichever occurs first. However, if the Department's proposed action is upheld in the hearing decision, or the hearing request is withdrawn, or you do not appear for the hearing, you will be required to repay the Department of Human Services any benefits which would not have been received if the hearing had not been requested.

The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.



**CHILD DEVELOPMENT AND CARE
CERTIFICATE/NOTICE OF
AUTHORIZATION**
State of Michigan
Department of Human Services (DHS)

Case Name				
Grantee Client ID				
Case Number				
County	District	Section	Unit	Worker
Date			Provider I.D. No.	

NOTICE TO ALL PROVIDERS:

- Child Development and Care services are authorized or changed for the children listed below.
- If no hours are shown below, Child Development and Care services have not been authorized or have been canceled.
- Providers are responsible for submitting billing information.
- Providers must bill within 90 days after care is provided to receive payments (centers, homes, relative homes) or for the parent to receive a grant (aides).
- Care cannot be authorized or billed for vacation periods of the client, child or the provider.
- **You may bill only for care that was actually provided** except as otherwise explained in the Provider Handbook and Billing Instructions, DHS Pub-230.
- In no case will DHS grant more than 100 hours per pay period per child.

IMPORTANT:

- **The client is responsible for payment of any amounts not paid by DHS.**
- **The grant may decrease or stop if the client's circumstances change or if the Department's policy changes and/or the client is no longer eligible for services.**
- **The grant amount the DHS will pay varies based on care authorized, hours of care provided, your charge for care, the DHS maximum reimbursement rate and the client's copay.**

AUTHORIZATION INFORMATION:

CHILD'S NAME	CHILD ID NO.	DATE OF BIRTH	PAY PERIOD DATES		BIWEEKLY MAXIMUM	
			Begin	*End	Hours	Department Pay Percent (DP%)
						%
						%
						%
						%
						%
						%

Comments :

*If there is all 99/99/9999 at the end of the pay period date, authorization will continue until you are mailed notification of an end date.

If benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overissuance, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be prosecuted for fraud.

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

Family Independence Specialist	Local DHS Office	Phone Number
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**DAY CARE AIDE/
RELATIVE CARE PROVIDER
APPLICATION**
State of Michigan
Department of Human Services (DHS)

ATTACHMENT D

INSTRUCTIONS TO PROVIDER:

- Read all pages.
- If there is no name entered in the "Grantee Name" box in the top right corner of this form, enter the name of the parent/substitute parent whose child(ren) is in your care.
- Complete Sections I & II. Relative care providers must also complete Section III.
- Sign and date the form in Section IV.
- **Attach proof of your identity, age and Social Security Number.**
- DHS must receive this form within 21 days of your signature along with proof of your identity, age and Social Security Number.
- You will be sent a DHS-4807, Notice of Child Development and Care (CDC) Provider Eligibility, and DHS Pub-230, Provider Handbook and Reporting Instructions for Child Care Providers.
- You will be sent a DHS-198, Child Development and Care Certificate/ Notice of Authorization, indicating whether or not the child(ren) in your care has been authorized to receive subsidy payments.

Grantee Name					
Grantee ID				Case Number	
County	District	Section	Unit	Specialist	Date
Specialist Name					
Local DHS Office				Telephone Number	
Local Office Address (Street Number and Name)					
City				State	Zip Code

The original DHS-220 is to be filed in the local office central provider file.

SECTION I

Where will you provide the child care? <input type="checkbox"/> HOME WHERE CHILD LIVES <input type="checkbox"/> MY HOME		Do you live with the child(ren) in care? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, you may <u>only</u> apply to be a day care aide.	
I am applying to be a <input type="checkbox"/> DAY CARE AIDE or		<input type="checkbox"/> RELATIVE CARE PROVIDER	
As a day care aide, I understand that: <ul style="list-style-type: none">• I must provide the care in the home where the child lives.• I may be related to the child.		As a relative care provider, I understand that: <ul style="list-style-type: none">• I must be an adult and a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle or sibling/step-sibling of all children in care.• I must provide the care in my home and not the home where the child lives.• I must live in Michigan and not in the same home as the child.	

If you do not meet the requirements for either provider type listed above, do not complete this form.

SECTION II

Name (Last, First, Middle)		Former/Maiden Name			
Date of Birth	Sex	Social Security #		Driver's License #	
Address (Number and Street, Apt. No.)		City		State	Zip Code County
Have you ever provided child care services for DHS subsidy eligible children? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes) ▶		Provider ID Number		Telephone Number ()	
Have you ever had your child care center/group home license or family home registration suspended or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES					
Do you receive any other reimbursement for child care that you provide? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, from whom?)		Do you receive DHS payment for providing Adult Home Help Services? <input type="checkbox"/> NO <input type="checkbox"/> Yes (If yes, for whom?)			
DHS will complete background checks. If you do not want background checks done, you should not apply.					
Have you ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes) ▶		Was the crime a felony? <input type="checkbox"/> NO <input type="checkbox"/> YES			
If you answered "yes" to the previous question, describe all felonies:					

SECTION III: (Relative Care Providers Only)

Are you related to all of the children you plan to care for in your home? If no, or if not related as indicated below, you do not qualify to be a relative care provider.					
<input type="checkbox"/> NO	<input type="checkbox"/> Grandparent/step-grandparent	<input type="checkbox"/> Uncle/step-uncle	<input type="checkbox"/> Sibling/step-sibling		
<input type="checkbox"/> YES (If yes, how are you related?) ▶	<input type="checkbox"/> Great-grandparent/step-great-grandparent	<input type="checkbox"/> Aunt/step-aunt			
If you are applying to be a relative care provider, list all adults (18 or older) who live in your home: (Attach additional sheet if necessary.)					
Name	Maiden & Other Names Used	Date of Birth	Sex	Social Security #	Driver's License #

DISTRIBUTION:

Original - Pages 1 and 2, Local office central provider file
Page 3 - Provider

Go to page 2 ▶

PROVIDER CERTIFICATION**I certify that:**

- All information I have given is true and accurate to the best of my knowledge.
- I have read, I understand, and I meet all enrollment requirements listed in Section V and have retained a copy.
- I understand that the Department will complete background checks to determine:
 - If I, and/or any adult (18 or older) member of my household if I am applying to be a relative care provider, am a person responsible for the neglect or abuse of children in a substantiated Children's Protective Service case, and
 - If I have been convicted of certain crimes.
- I understand that my enrollment will be denied, revoked or terminated if either of the above is confirmed.
- I understand that I will not be authorized to care for subsidy eligible children if my provider enrollment is denied, revoked or terminated.
- I understand that if I have misrepresented my circumstances, or if I fail to meet the conditions as stated in Section V, or fail to abide by the requirements as stated in Section V, the Department may deny or revoke/terminate my enrollment as a day care aide and/or relative care provider.
- I understand that if I have been overpaid for any reason, the extra payments received must be repaid, and future payments may be reduced by 20%.
- I understand that I may be prosecuted for fraud if my intentional misrepresentation causes an overpayment.
- I understand that if an administrative law judge finds I have committed an intentional program violation, my enrollment may be revoked.
- I acknowledge that the terms and conditions of this enrollment may be changed by notice to my last known address.
- I agree that if I default on a repayment agreement, future payments can be reduced by 20%.
- I understand that as part of my billing/reporting requirements:
 - I must maintain records showing the time of arrival and departure for each subsidy eligible child as certified by the parent/substitute parent on a daily basis, and must retain these records for four years.
 - I must report the following changes to the local DHS office within 10 calendar days of occurrence:
 - > a change in address
 - > a change in where care is provided
 - > if I stop providing care for any subsidy eligible child.
- I understand that this certification applies to any subsidy eligible children I care for, until my enrollment is revoked or terminated.

Provider Signature	Date
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Provider return pages 1 and 2 to the local DHS office.

Payments made for child care services for subsidy eligible children are reported to the Internal Revenue Service.
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The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

AUTHORITY: PA 280 of 1939.

COMPLETION: Is Voluntary.

CONSEQUENCE FOR NONCOMPLETION: Applicant will not be enrolled to care for subsidy eligible children.

REQUIREMENTS TO BE A DHS-ENROLLED DAY CARE AIDE OR RELATIVE CARE PROVIDER**Common Requirements:**

- You must be able to read and write.
- You must provide proof of your identity, age and Social Security Number.
- You must not have any physical impairment or other problem that would hinder you from giving adequate care and supervision to children.
- You will not be enrolled to care for subsidy eligible children if a background check shows you have been a perpetrator on a substantiated Children's Protective Service case.
- You will not be enrolled to care for subsidy eligible children if you report, or a background check determines, you have been convicted of certain crimes.
- You must know how and when to seek help from others, i.e. how to use the telephone, how to respond to emergency situations which might arise during the provision of care to children.
- You must not have family responsibilities or other obligations that would interfere with providing child care to children.
- You cannot receive subsidy payments for the care of any child for whom you are the parent/guardian or usual caretaker.
- You must not have had your child care center/group home license or family home registration revoked, and your license/registration must not be currently suspended.
- You must not care for more than six children (including your own children) at the same time.
- You must not care for more than two children (including your own children) under the age of 12 months at the same time.
- You must not charge the parent/substitute parent more than what you charge the general public.
- You must give the parents/substitute parents of the children in your care unlimited access to their children while they are in your care.
- As part of your billing/reporting requirements:
 - You must maintain permanent and accurate records of daily attendance showing the time of arrival and departure for each subsidy eligible child as certified by the parent/substitute parent on a daily basis. You must retain these records for four years.
 - You must report the following changes to the local DHS office within 10 calendar days of occurrence:
 - > a change in address
 - > a change in where care is provided
 - > if you stop providing care for any subsidy eligible child.

Specific Requirements for Day Care Aides:

- You must be at least 18 years of age during the time care is provided.
- You are employed and paid by the parent/substitute parent of the child(ren) for whom you provide care. The parent/substitute parent is the employer and is responsible for the employer's share of any employer's taxes that need to be paid, such as Federal Insurance Contributions Act (FICA) and Federal Unemployment Tax Act (FUTA) taxes.
- You may only bill for actual care provided (except for State of Michigan holidays and absences due to child's illness) in the home where the child lives.

Specific Requirements for Relative Care Providers:

- You must be at least 18 years of age during the time care is provided.
- You must be a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle, or adult sibling/step-sibling of the child needing care and must not live in the same household as the child.
- You must report all adults (18 or older) living in your household, now and as long as you are a relative care provider. You must also report to the local DHS office any change to the adults living in your household.
- You will not be enrolled if a background check shows that any adult person living with you is a perpetrator on a substantiated Children's Protective Service case.
- You may only bill for actual care provided (except for State of Michigan holidays and absences due to the child's illness) in your home, not the home where the child lives.

Provider retain this page for your records.

AGENCY MAXIMUM HOURLY RATES

PROVIDER TYPE	DAY CARE CENTER		FAMILY & GROUP HOMES		RELATIVE CARE PROVIDER		DAY CARE AIDE
Shelter Area	Child's Age		Child's Age		Child's Age		All Ages
	0-2 ½ Yr	2 ½ Yr +	0-2 ½ Yr	2 ½ Yr +	0-2 ½ Yr	2 ½ Yr +	
I	\$2.25	\$1.90	\$2.00	\$2.00	\$1.88	\$1.88	\$1.35
II	\$2.60	\$2.25	\$2.00	\$2.00	\$1.88	\$1.88	\$1.35
III	\$2.50	\$2.00	\$2.00	\$2.00	\$1.88	\$1.88	\$1.35
IV	\$2.85	\$2.25	\$2.00	\$2.00	\$1.88	\$1.88	\$1.60
V	\$3.00	\$2.25	\$2.25	\$2.10	\$2.12	\$1.97	\$1.60
VI	\$2.95	\$2.50	\$2.50	\$2.50	\$2.35	\$2.35	\$1.60

SHELTER AREA I

Alger
Baraga
Gogebic
Huron
Iron
Keweenaw
Luce
Mecosta
Menominee
Presque Isle
Schoolcraft

SHELTER AREA IV

Allegan
Alpena
Antrim
Berrien
Branch
Calhoun
Cass
Charlevoix
Clare
Emmet
Gratiot
Ionia
Isabella
Marquette
Montmorency
Roscommon
St. Joseph
Shiawassee
Tuscola
Wayne

SHELTER AREA II

Arenac
Chippewa
Delta
Houghton
Iosco
Lake
Manistee
Oceana
Ontonagon
Osceola
Oscoda

SHELTER AREA V

Barry
Bay
Clinton
Eaton
Grand Traverse
Kalamazoo
Kent
Lapeer
Leelanau
Lenawee
Midland
Otsego
Ottawa
Saginaw
Van Buren

SHELTER AREA III

Alcona
Benzie
Cheboygan
Crawford
Dickinson
Gladwin
Hillsdale
Jackson
Kalkaska
Mackinac
Mason
Missaukee
Montcalm
Muskegon
Newaygo
Ogemaw
Sanilac
Wexford

SHELTER AREA VI

Genesee
Ingham
Livingston
Macomb
Monroe
Oakland
St. Clair
Washtenaw

AGENCY MAXIMUM HOURLY RATES WITH INCENTIVES

PROVIDER TYPE	DAY CARE CENTER		FAMILY & GROUP HOMES		RELATIVE CARE PROVIDER		DAY CARE AIDE	
Shelter Area	Child's Age		Child's Age		Child's Age		Child's Age	
	0-2 ½ Yr	2 ½ Yr +	0-2 ½ Yr	2 ½ Yr +	0-2 ½ Yr	2 ½ Yr +	0-2 ½ Yr	2 ½ Yr +
I	\$2.25 + .25*	\$1.90	\$2.00 + .30*	\$2.00	\$1.88**	\$1.88	\$1.35**	\$1.35
II	\$2.60 + .40*	\$2.25	\$2.00 + .20*	\$2.00	\$1.88**	\$1.88	\$1.35**	\$1.35
III	\$2.50 + .15*	\$2.00	\$2.00 + .35*	\$2.00	\$1.88**	\$1.88	\$1.35**	\$1.35
IV	\$2.85 + .50*	\$2.25	\$2.00 + .30*	\$2.00	\$1.88**	\$1.88	\$1.60**	\$1.60
V	\$3.00 + .40*	\$2.25	\$2.25 + .40*	\$2.10	\$2.12**	\$1.97	\$1.60**	\$1.60
VI	\$2.95 + .85*	\$2.50	\$2.50 + .50*	\$2.50	\$2.35**	\$2.35	\$1.60**	\$1.60

*This is the "Infant/Toddler Incentive," which is added to the lesser of the provider's charge or the FIA Maximum Rate.

** Trained Day Care Aides and Relative Care Providers receive an extra 25 cents per hour for care of children under 2 ½ years. "Trained" means the provider completed 15 hours of basic child care training approved by the Michigan 4C Association, for which the provider was paid a \$150 incentive.

SHELTER AREA I

Alger
Baraga
Gogebic
Huron
Iron
Keweenaw
Luce
Mecosta
Menominee
Presque Isle
Schoolcraft

SHELTER AREA IV

Allegan
Alpena
Antrim
Berrien
Branch
Calhoun
Cass
Charlevoix
Clare
Emmet
Gratiot
Ionia
Isabella
Marquette
Montmorency
Roscommon
St. Joseph
Shiawassee
Tuscola
Wayne

SHELTER AREA II

Arenac
Chippewa
Delta
Houghton
Iosco
Lake
Manistee
Oceana
Ontonagon
Osceola
Oscoda

SHELTER AREA V

Barry
Bay
Clinton
Eaton
Grand Traverse
Kalamazoo
Kent
Lapeer
Leelanau
Lenawee
Midland
Otsego
Ottawa
Saginaw
Van Buren

SHELTER AREA III

Alcona
Benzie
Cheboygan
Crawford
Dickinson
Gladwin
Hillsdale
Jackson
Kalkaska
Mackinac
Mason
Missaukee
Montcalm
Muskegon
Newaygo
Ogemaw
Sanilac
Wexford

SHELTER AREA VI

Genesee
Ingham
Livingston
Macomb
Monroe
Oakland
St. Clair
Washtenaw

**Michigan Department of Human Services
Child Development and Care
2005 Market Rate Survey Results
August 2005**

EXECUTIVE SUMMARY

The Family Support Act of 1988 stipulated that child care subsidy rates be driven by market rates (i.e., by the price of child care services in the market). Moreover, the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996 required states to survey their child care markets at least every two years. In accordance with these regulations, the Michigan Department of Human Services conducted its most recent market rate survey during the months of January, February and March 2005. As in the past, the 2005 survey of child care centers, family homes, group homes, day care aides, and relative care providers was designed to gather the following information:

- Determine rates (e.g., hourly, weekly, etc.) charged for providing care to children in the following age groups: birth to less than 12 months, 12 months to less than 24 months, 24 months to less than 36 months, three years, four years, and school-aged (five years or older).
- Determine hours of operation.
- Determine the market rate at the 75th percentile by age group and provider type for each county.
- Determine the market rate at the 75th percentile by age group and provider type statewide and by shelter areas.

Sample Selection

In December 2004, there were 57,624 child care providers (i.e., child care centers, family homes, group homes, day care aides and relative care providers) identified in the Department's Office of Children and Adult Licensing database and the Department's Client Information Management System (CIMS). As with the 2002 market rate survey, a stratified random sample was created. The sample of 4,972 providers includes providers from each county and aforementioned provider type. Specifically, from each county, thirteen child care providers were selected from each of the five provider types, for a total of up to 65 providers from each county.

The final number of surveys included in the analysis was 3,173, representing 63.8% of the sample. This figure includes 455 respondents (14.3% of the respondents) who were no longer providing care.

Preliminary Results

The following exhibits summarize some of the key findings from the survey:

- Exhibit 1: Statewide Child Care Market Rate Survey Findings by Type of Child Care Provider
- Exhibit 2: Maximum Child Development and Care Hourly Rates
- Exhibit 3: Statewide Market Rate Survey Results

Exhibit 1: Statewide Child Care Market Rate Survey

Findings by Type of Child Care Provider

	Child Care Centers	Family Homes	Group Homes	Day Care Aides	Relative Care Providers
Percent of Respondents	61.5%	74.2%	83.0%	44.1%	58.7%
Percent no longer providing service	4.1%	15.9%	3.3%	36.2%	19.9%
Age Groups Served:					
• Zero to 12 mos	44.9%	93.7%	96.0%	62.1%	61.1%
• 12 mos to 24 mos	45.7%	96.6%	98.5%	70.4%	64.7%
• 24 mos to 36 mos	59.7%	98.2%	99.4%	69.5%	69.9%
• 3 years	86.3%	99.2%	99.7%	74.1%	72.1%
• 4 years	93.9%	98.9%	99.6%	77.4%	77.3%
• School-Aged	80.2%	94.6%	96.4%	93.7%	91.7%
Percent using the Internet	77.0%	67.7%	73.0%	40.3%	36.0%
Percent who accept children with special needs	95.9%	78.4%	87.6%	53.6%	46.4%
Percent currently serving children with special needs	59.5%	22.3%	40.4%	23.7%	26.5%
Percent who generally provide child care during the following times:					
• School vacation days	47.0%	96.1%	98.1%	93.4%	94.0%
• National holidays	31.8%	67.1%	68.1%	90.5%	90.3%
• Summer vacation	52.4%	96.6%	98.4%	95.8%	95.7%
• Overnight care	0.6%	29.3%	29.7%	61.6%	60.5%
• Weekend care	2.1%	28.1%	30.5%	84.1%	80.6%
• Weekday early mornings	35.7%	74.7%	80.8%	68.3%	69.6%
• Weekday evenings	8.8%	42.7%	45.7%	81.4%	79.5%
Percent who charge a higher than usual rate for:					
• School vacation days	14.6%	3.3%	6.1%	2.8%	1.7%
• National holidays	13.8%	8.7%	10.3%	4.9%	3.3%
• Summer vacation	15.6%	3.0%	6.7%	3.1%	2.1%
• Overnight care	0.0%	27.5%	27.2%	10.4%	3.9%
• Weekend care	18.2%	30.5%	29.6%	6.6%	4.8%
• Weekday early mornings	4.0%	7.1%	8.3%	4.9%	2.3%
• Weekday evenings	4.5%	16.9%	16.9%	5.5%	2.9%
Percent open on the following days:					
• Monday	93.9%	98.5%	99.6%	80.5%	75.7%
• Tuesday	94.6%	98.3%	99.7%	82.2%	75.3%
• Wednesday	94.2%	98.3%	99.6%	83.6%	74.9%
• Thursday	94.6%	98.5%	99.7%	82.9%	74.3%
• Friday	79.9%	97.1%	99.5%	80.2%	75.5%
• Saturday	3.2%	22.5%	24.9%	58.7%	56.7%
• Sunday	1.7%	18.1%	18.5%	51.0%	46.6%

Exhibit 2: Maximum Child Development and Care (CDC) Hourly Rates (with Incentives)¹

Maximum CDC Hourly Rates with Incentives ²								
Shelter Area	Child Care Centers		Family and Group Homes		Day Care Aides		Relative Care Providers	
	Child's Age		Child's Age		Child's Age		Child's Age	
	0-2 ½ years	2 ½ years+	0-2 ½ years	2 ½ years+	0-2 ½ years	2 ½ years+	0-2 ½ years	2 ½ years+
I	\$2.25 + .25*	\$1.90	\$2.00 + .30*	\$2.00	\$1.88**	\$1.88	\$1.35**	\$1.35
II	\$2.60 + .40*	\$2.25	\$2.00 + .20*	\$2.00	\$1.88**	\$1.88	\$1.35**	\$1.35
III	\$2.50 + .15*	\$2.00	\$2.00 + .35*	\$2.00	\$1.88**	\$1.88	\$1.35**	\$1.35
IV	\$2.85 + .50*	\$2.25	\$2.00 + .30*	\$2.00	\$1.88**	\$1.88	\$1.60**	\$1.60
V	\$3.00 + .40*	\$2.25	\$2.25 + .40*	\$2.10	\$2.12**	\$1.97	\$1.60**	\$1.60
VI	\$2.95 + .85*	\$2.50	\$2.50 + .50*	\$2.50	\$2.35**	\$2.35	\$1.60**	\$1.60

* “Infant/Toddler Incentive” which is added to the lesser of the provider’s charge or the Department of Human Services Maximum Rate.

** Trained Day Care Aides and Relative Care Providers receive an extra 25 cents per hour for care of children under 2 ½ years. “Trained” means the provider completed 16 hours of basic child care training approved by the Michigan 4C (Community Coordinated Child Care) Association, for which the provider was paid a \$150 incentive.

¹ Source: *Provider Handbook and Reporting Instructions for Child Care Providers*; Michigan Department of Human Services; Child Development and Care; revised April 2005.

² Infant/Toddler incentive payments have been authorized by the Michigan Legislature at least through September 30, 2005.

Exhibit 3: Statewide Market Rate Survey Results (Full-Time Rates, Hourly and Weekly)

Reference:

- Mean = the average hourly or weekly rate.
- Median = the mid-point, meaning the 50th percentile. It represents the value above and below which 50% of the observations fall. Unlike the mean, it is not affected by extreme values.
- Minimum = the lowest rate charged within the group of providers.
- Maximum = the highest rate charged within the group of providers.
- 75th Percentile = three-quarters (75%) of the providers charge that rate or less. Conversely, one-quarter (25%) charge higher than the rate shown.
- Weighting = results were weighted, when necessary, to more accurately reflect the true population of providers.

Tables:

- Full-time hourly and weekly rates are presented.
- One-sample t-tests were completed on the differences between the full-time and part-time rates. If there was a statistically significant difference (at the .05 level) between these rates, the part-time rates are also identified.

Statewide: Data Profile

Statewide	Child Care Centers	Family Homes	Group Homes	Day Care Aides	Relative Care	Total
N (population)	4,579	10,053	3,736	17,106	22,150	57,624
n (sample)	912	1,040	911	1,058	1,051	4,972
n/N (sample as a percentage of the population)	19.9%	10.3%	24.4%	6.2%	4.7%	8.6%
Returned surveys	561	772	756	467	617	3,173
Return rate	61.5%	74.2%	83.0%	44.1%	58.7%	63.8%

**Statewide: Full-Time Hourly Rate Information
(weighted by county)**

Child Care Centers

Statewide: Full-Time Hourly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	60	60	70	83	91	142
Mean	3.91	3.90	3.73	3.38	3.35	3.74
Median	3.50	3.50	3.50	3.25	3.20	3.36
Minimum	2.00	2.00	2.00	1.85	1.85	1.75
Maximum	8.00	8.00	7.39	9.00	9.00	9.00
75 th percentile	4.55	4.50	4.43	4.03	4.00	5.00

Family Homes

Statewide: Full-Time Hourly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	337	343	355	375	353	354
Mean	3.00	3.06	2.99	2.92	2.93	2.93
Median	3.00	3.00	2.72	2.50	2.50	2.50
Minimum	1.50	1.50	1.50	1.50	1.50	1.50
Maximum	6.00	7.00	7.00	7.00	7.00	7.00
75 th percentile	3.00	3.25	3.00	3.00	3.00	3.00

Group Homes

Statewide: Full-Time Hourly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	396	402	401	406	405	420
Mean	2.92	2.84	2.70	2.67	2.66	2.66
Median	2.65	2.50	2.50	2.50	2.50	2.50
Minimum	1.50	1.50	1.50	1.44	1.44	1.44
Maximum	7.50	7.50	5.00	6.00	6.00	6.00
75 th percentile	3.00	3.00	3.00	3.00	3.00	3.00

Day Care Aides

Statewide: Full-Time Hourly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	61	56	57	41	55	168
Mean	2.93	3.62	2.79	2.32	2.38	4.32
Median	2.50	3.00	2.50	2.00	2.25	2.50
Minimum	1.21	1.21	1.00	1.00	1.00	1.00
Maximum	6.00	8.00	6.00	5.00	5.00	8.00
75 th percentile	4.93	5.00	4.00	2.50	2.65	8.00

Relative Care Providers

Statewide: Full-Time Hourly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	162	147	177	169	152	230
Mean	3.12	3.07	2.80	2.74	2.84	2.61
Median	2.50	2.50	2.00	2.00	2.00	2.00
Minimum	1.20	1.20	1.20	1.20	1.20	1.20
Maximum	5.75	5.15	6.00	5.15	5.75	5.75
75 th percentile	4.00	4.00	3.78	3.87	4.00	3.00

Statewide: Part-Time Hourly Rate Information (weighted by county)

Child Care Centers

The difference between the full-time and part-time hourly rate charged by child care centers, for those aged 24 months to less than 36 months, was statistically significant at the .035 level.

Statewide: Part-Time Hourly Rate Info	24 months to less than 36 months
n	63
Mean	3.80
Median	3.25
Minimum	2.00
Maximum	11.05
75 th percentile	4.50

Family Homes

The difference between the full-time and part-time hourly rate charged by family homes was statistically significant at the .000 level for those aged: Birth to less than 12 months, 12 months to less than 24 months, 24 months to less than 36 months, 3 years, and 4 years. The difference was statistically significant at the .001 level for school-aged children.

Statewide: Part-Time Hourly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School-Aged (5 years or older)
n	329	350	357	357	362	356
Mean	3.04	3.07	3.05	3.00	2.97	2.98
Median	3.00	3.00	3.00	2.75	2.75	2.75
Minimum	1.40	1.40	1.40	1.40	1.40	1.00
Maximum	6.00	7.00	7.00	10.00	10.00	10.00
75 th percentile	3.00	3.00	3.00	3.00	3.00	3.00

Group Homes

The difference between the full-time and part-time hourly rate charged by group homes was statistically significant at the .000 level for all six age groups served.

Statewide: Part-Time Hourly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	409	407	409	412	414	428
Mean	3.15	3.07	2.96	2.93	2.93	2.93
Median	2.75	2.75	2.50	2.50	2.50	2.50
Minimum	1.50	1.50	1.50	1.50	1.50	1.50
Maximum	10.00	10.00	10.00	10.00	10.00	10.00
75 th percentile	3.30	3.25	3.00	3.00	3.00	3.00

Day Care Aides

The difference between the full-time and part-time hourly rate charged by day care aides, for school-aged children, was statistically significant at the .000 level.

Statewide: Part-Time Hourly Rate Info	School-Aged (5 years or older)
n	141
Mean	3.65
Median	2.60
Minimum	0.94
Maximum	6.00
75 th percentile	6.00

**Statewide: Full-Time Weekly Rate Information
(weighted by county)**

Child Care Centers

Statewide: Full-Time Weekly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	182	170	225	234	240	199
Mean	163.02	158.21	143.76	123.93	123.84	114.38
Median	160.00	153.38	145.00	128.39	125.00	125.00
Minimum	12.00	12.00	7.00	7.50	7.50	6.25
Maximum	300.00	300.00	300.00	300.00	337.50	300.00
75 th percentile	179.13	175.00	165.00	145.00	145.00	145.00

Family Homes

Statewide: Full-Time Weekly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	425	431	431	461	433	391
Mean	127.16	124.29	121.04	119.59	119.03	116.73
Median	125.00	125.00	125.00	125.00	125.00	120.00
Minimum	10.00	35.00	35.00	35.00	35.00	6.00
Maximum	250.00	250.00	250.00	250.00	250.00	125.00
75 th percentile	150.00	140.00	132.00	130.00	130.00	130.00

Group Homes

Statewide: Full-Time Weekly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	472	483	478	488	487	442
Mean	135.53	134.29	129.86	127.12	126.67	116.86
Median	125.00	125.00	125.00	124.23	120.00	110.00
Minimum	11.00	11.25	11.25	11.25	11.25	10.00
Maximum	800.00	800.00	800.00	800.00	800.00	800.00
75 th percentile	150.00	150.00	145.00	135.00	135.00	130.00

Day Care Aides

Statewide: Full-Time Weekly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	47	55	56	84	94	167
Mean	146.51	124.58	134.05	141.05	137.54	132.35
Median	119.18	100.00	100.00	160.00	160.00	150.00
Minimum	33.00	33.00	33.00	50.00	6.00	33.00
Maximum	350.00	350.00	350.00	350.00	350.00	450.00
75 th percentile	250.00	189.90	180.00	160.00	160.00	160.00

Relative Care Providers

Statewide: Full-Time Weekly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	66	43	66	62	47	91
Mean	129.39	141.95	131.07	126.86	147.48	119.40
Median	121.48	143.54	124.81	100.00	160.00	100.00
Minimum	27.00	27.00	27.00	27.00	27.00	25.00
Maximum	250.00	250.00	250.00	250.00	250.00	250.00
75 th percentile	160.00	160.00	160.00	160.00	160.00	160.00

Statewide: Part-Time Weekly Rate Information (weighted by county)

Child Care Centers

The difference between the full-time and part-time weekly rate charged by child care centers was statistically significant at the .000 level for those aged: Birth to less than 12 months, 12 months to less than 24 months, 24 months to less than 36 months, 3 years, and 4 years.

Statewide: Part-Time Weekly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years
n	100	101	112	138	141
Mean	145.73	145.85	128.07	101.41	101.24
Median	155.00	158.69	125.00	111.13	110.00
Minimum	48.75	48.75	13.75	7.50	7.50
Maximum	300.00	300.00	300.00	300.00	300.00
75 th percentile	175.00	175.00	130.00	130.00	127.94

Family Homes

The difference between the full-time and part-time weekly rate charged by family homes was statistically significant at the .000 level for all six age groups served.

Statewide: Part-Time Weekly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	245	269	270	278	258	237
Mean	101.18	100.13	95.67	94.80	93.35	91.83
Median	100.00	100.00	90.00	100.00	90.00	82.20
Minimum	20.00	20.00	20.00	20.00	20.00	20.00
Maximum	222.50	222.50	200.00	200.00	200.00	200.00
75 th percentile	130.00	130.00	125.00	125.00	125.00	125.00

Group Homes

The difference between the full-time and part-time weekly rate charged by group homes was statistically significant at the .000 level for all six age groups served.

Statewide: Part-Time Weekly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	245	245	253	255	258	266
Mean	109.52	106.25	100.00	98.84	98.52	93.47
Median	100.00	100.00	100.00	96.47	100.00	85.00
Minimum	25.00	14.00	25.00	25.00	25.00	17.50
Maximum	500.00	500.00	500.00	500.00	900.00	500.00
75 th percentile	130.00	126.88	125.00	125.00	125.00	125.00

Day Care Aides

The difference between the full-time and part-time weekly rate charged by day care aides was statistically significant for the following age groups: Birth to less than 12 months (.004), 12 months to less than 24 months (.021), 24 months to less than 36 months (.001), 3 years (.003), 4 years (.000), and school-aged (.005).

Statewide: Part-Time Weekly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	38	35	36	76	81	142
Mean	135.26	137.20	132.62	136.56	131.06	136.59
Median	100.00	100.00	104.74	160.00	160.00	150.00
Minimum	33.00	33.00	20.00	27.00	27.00	25.00
Maximum	250.00	250.00	225.00	160.00	160.00	350.00
75 th percentile	250.00	250.00	225.00	160.00	160.00	160.00

Relative Care Providers

The difference between the full-time and part-time weekly rate charged by relative care providers was statistically significant at the .000 level for all six age groups served.

Statewide: Part-Time Weekly Rate Info	Birth to less than 12 months	12 months to less than 24 months	24 months to less than 36 months	3 years	4 years	School- Aged (5 years or older)
n	56	34	52	52	36	68
Mean	94.34	75.70	88.73	86.66	80.62	86.22
Median	100.00	64.00	102.32	100.00	70.89	93.86
Minimum	27.00	8.00	27.00	27.00	27.00	25.00
Maximum	200.00	150.00	150.00	150.00	150.00	164.69
75 th percentile	110.00	86.23	105.00	100.00	100.00	95.00



2005 MARKET RATE SURVEY

CHILD DEVELOPMENT AND CARE MICHIGAN FAMILY INDEPENDENCE AGENCY

Provider Information

1. Which of the following best describes your child care role? (Check only one box.)

- ☐ 1. Director or administrator of a child care center
- ☐ 2. Group home child care provider (you are licensed to care for up to 12 children in your home)
- ☐ 3. Family home child care provider (you are registered to care for up to 6 children in your home)
- ☐ 4. Relative care provider (you care for family members' children in your home)
- ☐ 5. Day care aide (you care for children in their own homes)
- ☐ 6. No longer providing child care → STOP HERE AND RETURN THE SURVEY IN THE ENCLOSED ENVELOPE.

2. In what county do you provide child care? _____

3. Do you use the Internet? ☐ Yes (1) ☐ No (2)

Hours of Operation and Types of Care

4. In the following table, for each day of the week that you/your center operates, please indicate your/your center's hours of operation (Include hours and minutes. For example: From 6:30 AM to 6:30 PM).

	If open, hours of operation? (hours:minutes) <i>(Circle AM or PM for each response.)</i>
Monday	From ____ : ____ AM or PM to ____ : ____ AM or PM
Tuesday	From ____ : ____ AM or PM to ____ : ____ AM or PM
Wednesday	From ____ : ____ AM or PM to ____ : ____ AM or PM
Thursday	From ____ : ____ AM or PM to ____ : ____ AM or PM
Friday	From ____ : ____ AM or PM to ____ : ____ AM or PM
Saturday	From ____ : ____ AM or PM to ____ : ____ AM or PM
Sunday	From ____ : ____ AM or PM to ____ : ____ AM or PM

Please continue on the back of this page →

5. What age groups do you/your center accept?

Age Group	Do you/your center accept children in this age group?
a) Birth to less than 12 months	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
b) 12 months to less than 24 months (1 yr to less than 2 yrs)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
c) 24 months to less than 36 months (2 yrs to less than 3 yrs)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
d) 3 years	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
e) 4 years	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
f) School-aged (5 years or older)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)

6. Do you/your center generally provide child care during the following times? For each of the times that you provide care, indicate whether you charge a higher rate than usual.

	Do you generally provide care during this time?	If yes, do you charge a higher rate than usual during this time?
School vacation days	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
National holidays (public school is closed)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
Summer vacation	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
Overnight care	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
Weekend care	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
Weekday early mornings (before 7:00 am)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
Weekday evenings (after 6:00 pm)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)

7. Do you/your center accept children with identified special needs? ☐ Yes (1) ☐ No (2)

7a. If yes, are there any children with identified special needs currently enrolled in your care? ☐ Yes (1) ☐ No (2)

8. Please help us define the following care terms:

8a. You define PART-TIME care as up to how many HOURS PER WEEK? ____

8b. You define FULL-TIME care as at least how many HOURS PER WEEK? ____

8c. You define a HALF DAY as up to how many HOURS PER DAY? ____

8d. You define a FULL DAY as at least how many HOURS PER DAY? ____

Please continue on the next page ➔

Rates You Charge for Child Care

When answering Questions 9-11, please refer to the definitions you supplied in Question 8 related to part-/full-time care and half/full day care:

9. In the following table, indicate the total number of part-time and full-time children in your/your center's care for each age group. Include private pay children and children who receive a subsidy from the Family Independence Agency (FIA).

Age of Children	# Part-Time (PT) (based on your definition)	# Full-Time (FT) (based on your definition)
a) Birth to less than 12 months	# _____	# _____
b) 12 months to less than 24 months (1 yr to less than 2 yrs)	# _____	# _____
c) 24 months to less than 36 months (2 yrs to less than 3 yrs)	# _____	# _____
d) 3 years	# _____	# _____
e) 4 years	# _____	# _____
f) School-aged (5 years or older)	# _____	# _____

10. In the table below, write the amount you/your center charge for **FULL-TIME (FT)** care for each age group. Disregard FIA subsidy rates, sliding scale rates, employee discounts and other discounted rates. Fill in only those rates (i.e., hourly, half-day, full-day, weekly) that reflect how you/your center charge(s).

FULL-TIME CARE (age of children)	FT Hourly Rate	FT Half Day Rate	FT Full Day Rate	FT Weekly Rate
a) Birth to less than 12 months	\$ _____ per hour	\$ _____ per half day	\$ _____ per full day	\$ _____ per week
b) 12 months to less than 24 months (1 yr to less than 2 yrs)	\$ _____ per hour	\$ _____ per half day	\$ _____ per full day	\$ _____ per week
c) 24 months to less than 36 months (2 yrs to less than 3 yrs)	\$ _____ per hour	\$ _____ per half day	\$ _____ per full day	\$ _____ per week
d) 3 years	\$ _____ per hour	\$ _____ per half day	\$ _____ per full day	\$ _____ per week
e) 4 years	\$ _____ per hour	\$ _____ per half day	\$ _____ per full day	\$ _____ per week
f) School-aged (5 years or older)	\$ _____ per hour	\$ _____ per half day	\$ _____ per full day	\$ _____ per week

Please continue on the back of this page ➔

11. In the table below, write the amount you/your center charge for PART-TIME (PT) care for each age group. Disregard FIA subsidy rates, sliding scale rates, employee discounts and other discounted rates. Fill in only those rates (i.e., hourly, half-day, full-day, weekly) that reflect how you/your center charge(s).

PART-TIME CARE (age of children)	PT Hourly Rate	PT Half Day Rate	PT Full Day Rate	PT Weekly Rate
a) Birth to less than 12 months	\$ ____ . ____ per hour	\$ ____ . ____ per half day	\$ ____ . ____ per full day	\$ ____ . ____ per week
b) 12 months to less than 24 months (1 yr to less than 2 yrs)	\$ ____ . ____ per hour	\$ ____ . ____ per half day	\$ ____ . ____ per full day	\$ ____ . ____ per week
c) 24 months to less than 36 months (2 yrs to less than 3 yrs)	\$ ____ . ____ per hour	\$ ____ . ____ per half day	\$ ____ . ____ per full day	\$ ____ . ____ per week
d) 3 years	\$ ____ . ____ per hour	\$ ____ . ____ per half day	\$ ____ . ____ per full day	\$ ____ . ____ per week
e) 4 years	\$ ____ . ____ per hour	\$ ____ . ____ per half day	\$ ____ . ____ per full day	\$ ____ . ____ per week
f) School-aged (5 years or older)	\$ ____ . ____ per hour	\$ ____ . ____ per half day	\$ ____ . ____ per full day	\$ ____ . ____ per week

THANK YOU! YOUR RESPONSE IS APPRECIATED.

**PLEASE RETURN THE SURVEY IN THE ENCLOSED ENVELOPE
BY TUESDAY, MARCH 4, 2005.**

Return Address:

Michigan Family Independence Agency
Performance Excellence Administration
235 S. Grand Avenue, Suite 1414
Lansing, MI 48909

To be eligible for full MA coverage a person must be a U.S. citizen or an alien admitted to the U.S. under a specific immigration status. See "CITIZENSHIP/ALIEN STATUS" section below. The alien status of each noncitizen must be verified to be eligible for full MA coverage.

MA coverage is limited to emergency services for:

- persons with certain alien statuses or U.S. entry dates as specified in policy, See "CITIZENSHIP/ALIEN STATUS" section below, **and**
- persons refusing to provide citizenship/alien status information on the application, **and**
- persons unable or refusing to provide satisfactory verification of alien information.

Note: All other eligibility requirements including residency ([PEM 220](#)) **MUST** be met even when MA coverage is limited to emergency services.

CITIZENSHIP/ALIEN STATUS

All Programs

Persons listed under the program designations in ["Acceptable Status"](#) meet the requirement of citizenship/alien status. Eligibility may depend on whether or not the person meets the definition of ["Qualified Alien."](#)

QUALIFIED ALIEN

All Programs

The definition of qualified alien includes specific alien statuses, but not all alien statuses. This definition is used in several of the acceptable alien statuses, in conjunction with other criteria. Not all acceptable alien statuses require that the person be a qualified alien.

Qualified alien means an alien who is:

- lawfully admitted for permanent residence under the INA; or
- granted asylum under section 208 of the INA; or
- a refugee who is admitted to the U.S. under section 207 of the INA; or
- paroled into the U.S. under section 212(d)(5) of the INA for a period of at least 1 year; or
- an alien whose deportation is being withheld under section 241(b)(3) or 243(h) of the INA; or
- granted conditional entry pursuant to section 203(a)(7) of the INA; or

- a Cuban/Haitian entrant; or
- an alien who has been battered or subjected to extreme cruelty in the U.S. by a U.S. citizen or legal permanent resident spouse or parent, or by a member of the spouse or parent's family living in the same household, or is the parent or child of a battered person, or

ACCEPTABLE STATUS

All Programs

- U.S. citizen (including persons born in Puerto Rico)

Note: See [EXHIBIT IV, "HOW TO BECOME A UNITED STATES CITIZEN."](#) in this item.

- Persons born in Canada who are at least 50 percent American Indian
- Member of a federally-acknowledged American Indian tribe
- **Qualified military alien**--a qualified alien on active duty in, or veteran honorably discharged from, the U.S. Armed Forces.

Active duty must **not** be for training, such as two weeks active duty training for National Guard. Discharge must **not** have been due to alien status.

Veteran means:

- a person who served in the active military, naval, or air service for the shorter of 24 months of continuous active duty or the full period for which he was called to active duty; or
- a person who died while in the active military, naval, or air service; or
- a person who served in the military forces of the Commonwealth of the Philippines while such forces were in the service of the Armed Forces of the U.S. during the period from July 26, 1941, through June 30, 1946; or
- a person who served in the Philippine Scouts under Section 14 of the Armed Forces Voluntary Recruitment Act of 1945.
- A qualified alien spouse and unmarried qualified alien dependent child of a qualified military alien.

Spouse includes the unremarried surviving spouse of a deceased qualified military alien. The marriage must fulfill one of the following:

- The spouse was married to the veteran for one year or more; or
- A child was born to the spouse and veteran during or before the marriage; or
- The spouse was married to the veteran within the 15-year period following the end of the period of service in which an injury or disease causing the death of the veteran was incurred or aggravated.

Dependent child is a child:

- claimed as a dependent on the qualified military alien's federal tax return and
- under 18, or
- under age 22 and a student regularly attending school.
- Holder of one of the following immigration statuses:
 - Refugee admitted under INA section 207
 - Granted asylum under INA section 208
 - Cuban/Haitian Entrant
 - Amerasian under P.L. 100-202 (class code AM on the I-551)
 - Permanent resident alien with class code RE or AS on the I-551 (former refugee or asylee)
 - Victim of trafficking under P.L. 106-386 of 2000 (see ["VICTIMS OF TRAFFICKING"](#) below)
 - Alien whose deportation (removal) is being withheld under INA section 241(b)(3) or 243(h)

Exception: For FIP, eligibility is limited to five years following the date of the withholding order unless the alien is a qualified military alien or the spouse or dependent child of a qualified military alien.

FIP, SDA, MA and AMP

- Alien admitted into the U.S. with one of the following immigration statuses:
 - Permanent resident alien with a class code on the I-551 other than RE, AM or AS

ELIGIBILITY CHART The following chart provides the valid Child Development and Care services combinations by eligibility group and need (reason). (Blank spaces indicate no eligibility for the eligibility group/need reason combination).

CHILD DEVELOPMENT AND CARE ELIGIBILITY CHART EFFECTIVE AUGUST 12, 2001 Determination of eligibility MUST be made in descending order.				
DAY CARE VALID NEED REASONS Each CDC Parent/Substitute Parent must be unavailable due to a valid need reason.				
ELIGIBILITY GROUPS	1. <u>FAMILY PRESERVATION</u>	2. <u>HIGH SCHOOL COMPLETION</u>	3. <u>MWA APPROVED ACTIVITY</u>	4. <u>EMPLOYMENT</u>
CATEGORICALLY ELIGIBLE (no income determination)				
<u>Protective Services</u>	YES (03/06) If required by an active Protective Services case plan	NO*	NO*	NO*
<u>Preventive Services</u>	YES (15/06) If required by an active Preventive Services case plan	NO*	NO*	NO*
<u>Foster Care</u>	YES (16/06) If required by an active Foster Care Services case plan	YES (16/03)	YES (16/03)	YES (16/04)
<u>FIP Related**</u>	YES (04/06)	YES (04/03)	YES (06/03)	YES (04/04)
INCOME ELIGIBLE (income determination and child support cooperation required)				
<u>- Income Eligible</u>	YES (10/06)	YES (10/03)	YES (12/03)	YES (10/04)
<p>Note: CIMS Eligibility and Reason codes are indicated in parentheses.</p> <p>* Child may be eligible in a lower row of the chart.</p> <p>** FIP Related means the:</p> <ul style="list-style-type: none"> • child or Parent/Substitute Parent currently receives FIP or SSI; or • child or Parent/Substitute Parent received FIP within the previous 6 CDC pay periods; or • family is applying for FIP and child care is needed to participate in a required MWA activity. 				

**PARENT/
SUBSTITUTE
PARENT**

For CDC eligibility to exist for a given child, each Parent/Substitute Parent (P/SP) must demonstrate a valid need reason. This section specifies who must demonstrate those valid need reasons.

Parent/Substitute Parents (P/SP) are often the same for all the children in the family. However, there are some homes where the children may not all share the same P/SP. Therefore, P/SPs must be identified sepa-

CHILD DEVELOPMENT AND CARE INCOME ELIGIBILITY SCALE

CDC program groups in the income eligible group must have gross income that falls within the income scale below to be eligible to receive agency payment for the full or partial cost of covered child care needs up to 95% of the agency's maximum rates.

	Gross Monthly Income				
Group Size 1	\$0-\$1496	\$1497-\$1533	\$1534-\$1570	\$1571-\$1607	No FIA assistance if gross monthly income is over \$1607
Group Size 2	\$0-\$1496	\$1497-\$1533	\$1534-\$1570	\$1571-\$1607	No FIA assistance if gross monthly income is over \$1607
Group Size 3	\$0-\$1847	1848-\$1895	\$1896-\$1943	\$1944-\$1990	No FIA assistance if gross monthly income is over \$1990
Group Size 4	\$0-\$2198	\$2199-\$2255	\$2256-\$2311	\$2312-\$2367	No FIA assistance if gross monthly income is over \$2367
Group Size 5	\$0-\$2551	\$2552-\$2616	\$2617-\$2681	\$2682-\$2746	No FIA assistance if gross monthly income is over \$2746
Group Size 6	\$0-\$2902	\$2903-\$2976	\$2977-\$3050	\$3051-\$3123	No FIA assistance if gross monthly income is over \$3123
Group Size 7	\$0-\$3253	\$3254-\$3336	\$3337-\$3418	\$3419-\$3500	No FIA assistance if gross monthly income is over \$3500
Group Size 8	\$0-\$3604	\$3605-\$3695	\$3696-\$3786	\$3787-\$3877	No FIA assistance if gross monthly income is over \$3877
Group Size 9	\$0-\$3955	\$3956-\$4055	\$4056-\$4155	\$4156-\$4254	No FIA assistance if gross monthly income is over \$4254
Group Size 10+	\$0-\$4309	\$4310-\$4417	\$4418-\$4525	\$4526-\$4634	No FIA assistance if gross monthly income is over \$4634
% of FIA Rate Paid	95%	90%	80%	70%	

Effective 2/01/03